

## Appendix E. LIFE Medical Record Review and Copying Cost Agreement

In Pennsylvania, the Department of Health annually adjusts the amount I may be charged for copies of my medical records.

I understand that as a participant in the LIFE program, I have the right to review and get a copy of my medical records.

I understand that I must provide my LIFE Provider with two business days' notice to review my record.

I understand that I must provide my LIFE Provider with two business days' notice to obtain a copy of my record.

I understand that I may be charged \_\_\_\_\_\* per page when requesting a copy of my medical record.

\* *Amount subject to change annually.*

_____ Participant Signature	_____ Date
_____ Participant Printed	
_____ Representative Signature	_____ Date
_____ Representative Printed	