

You are requesting copies of medical records for a patient from Shasta Orthopaedics through the TRIMSNet® e-Request website. Professional Medical Copy ("PMC") is contracted to provide on-site release of information ("ROI") services at this facility.

Under California Evidence Code 1158, California healthcare facilities are not obligated to copy medical records pursuant to release of information requests. You may retain your own copy service vendor to copy your requests. However, we would like to suggest that you designate our firm, PMC, as your representative to copy this request for medical records at this facility.

If you wish to expedite this request please take a moment to complete the information requested below and attach it to the required documents being uploaded.

IF WE DON'T RECEIVE YOUR AUTHORIZATION, WE WILL ASSUME THAT YOU ARE SENDING YOUR OWN COPY SERVICE TO OBTAIN YOUR COPIES AND YOUR REQUEST WILL BE CANCELED.

AUTHORIZATION OF PMC FEES TO COPY MEDICAL RECORDS

Patients CANNOT sign this Authorization

The firm listed below hereby designates PMC as its representative to photocopy this request for medical records at Shasta Orthopaedics. We acknowledge that this authorization is good for this request only. We understand PMC processing rates (described below) and agree to reimburse PMC for such charges within 15 days from invoice date. We understand that PMC will process requests costing less than \$100 (for a different amount, enter here: \$_____) without prior approval from our firm. **NOTE: We agree to be responsible for reimbursement of the full fee once processing has begun on a request.**

- Documents Delivered Electronically* : \$36.00 plus \$0.25 per page/image, e-Delivery Fee of \$9.00
- Documents Copied to CD-R : \$36.00 plus \$0.45 per page/image, plus \$2.00 Media, plus actual USPS Flat Rate Postage \$7.85, plus applicable CA Sales Tax

*Default delivery method unless otherwise indicated on the request. Documents delivered electronically will be available for immediate download upon receipt of payment and are not subject to CA Sales Tax or Postage.

_____ Company Name	_____ Phone Number
_____ Street Address	_____ City, State, Zip
_____ Print Name	_____ Title
_____ Signature	_____ Date