



## Terren D. Klein M.D., P.A.

1300 Murchison, Ste. 310-B | El Paso, TX 79902 | Phn: (915) 706-2500 | Fax: (915) 444-5907  
www.TerrenKleinMD.com

## Authorization for Release of Medical Information: Billing & Fees

**To release your medical information from Terren D. Klein M.D. PA, you must:**

- Complete all sections of the Authorization to Disclose Protected Health Information form.
- Hand-deliver, mail, or fax the signed request in writing to Terren D. Klein M.D. PA, ATTN: Medical Records.
- If you are under the age of 18, your parent or legal guardian must sign as well.

**What we will provide for a reasonable fee:**

If you want your records sent to someone other than your doctor or for your own personal use, you must complete and sign an authorization. Also, you or the person receiving the records must agree to pay the fees. Here are the fees, based on Texas Medical Board Rules:

### Medical records

- \$25 for 20 pages or less and 50 cents for each page thereafter

### Radiology

- \$8 per CD

I understand that there may be fees for copying my medical records. By signing below, I agree to pay these fees when I am billed for them by Terren D. Klein M.D. PA .

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_