## GFP GENEVA FAMILY PRACTICE

302 Randall Road \* Suite 202 \* Geneva, IL 60134 \* (630) 232-1818 \* Fax (630) 232-1868 www.genevafamilypractice.com \* GFP@GFP1.com

## **MEDICAL RECORDS COPY INFORMATION**

In order for Geneva Family Practice to release copies of patient medical records, we are required to obtain a written authorization signed by the patient (or legal representative). To request a copy of medical records, you may use our standard authorization form or provide a signed request in writing. Your request must include the patient's name, date of birth, directions for forwarding the copies, and the necessary signature(s).

The cost for providing copies is \$20 per patient record\*\*

Record request for multiple family members will be charged as follows:

Initial record - \$20

Each additional - \$5

\*\*Upon receipt of your payment, we will begin processing your request. Record requests are generally completed within 10 - 14 days. Once the records are available, you may pick them up at our office during regular business hours or they can be sent by First Class Mail.