

### FEE ESTIMATE

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Request For Access to Health Information

Dear [Patient Name]:

This letter responds to your request to access your health information, which we received from you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We have determined that the following fees will apply if we process your request:

* A fee of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ per hour will be charged to prepare a summary of the information for you. We estimate that the preparation will take \_\_\_ hour(s).
* A fee of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ will be charged to prepare an explanation of the information for you. We estimate that the preparation will take \_\_\_ hour(s).
* A fee of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ per hour will be charged to prepare an electronic copy of the information for you. We estimate that the preparation will take \_\_\_ hour(s).

We want you to know that you have the following options. Please check the appropriate box and return within thirty (30) days to

University Physicians of Brooklyn

\_\_\_\_\_\_\_\_\_\_\_\_Department- Box #80

450 Clarkson Ave., Brooklyn, NY 11203.

* Proceed with my request. I have enclosed the fee provided in this letter.
* Withdraw my request. I will pay no fee.
* Modify my request to reduce the applicable fee. Specify modification of request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If we do not hear from you within thirty (30) days, we will assume that you have decided to withdraw your request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department