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&  
Medical  
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P.C.*

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Gregory Germain, MD  
Dyan Griffin, MD  
Christine Patterson, MD  
Richard Uluski, MD

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Paul Goldstein, MD  
*Emeritus*

Dear Patient:

In order to obtain your medical records from the practice, you are required to fill out a HIPAA Authorization for Release of Patient Records, in accordance with Connecticut law. Please read the entire form carefully.

Because there is a charge of \$.65 per page fee for copying records, plus the postage incurred, we want to be sure we are providing only those documents that are necessary to avoid additional costs.

The basic record containing: a problem list, immunization record, growth chart and most recent well child visit are no cost. Health information beyond this basic record will likely incur a charge.

Typically, charts for established patients can contain the equivalent of 40 or more pages, resulting in charges of \$26.00 or more.

Please indicate on the form whether you need only immunization records, recent visit notes, lab results, specialists' reports, or every single document contained in the chart.

Patients 18 years of age or older must complete the form themselves, or provide written consent to have another adult request and receive the records for them.

If you are transferring into the practice, the same procedure must be followed with your current provider in order to get a copy of the records sent to our office.

Once your records are received, the practice will review them in order to become more familiar with your child. Once the review is complete, you can call and schedule appointments as needed.

If you have questions regarding the form or the process for requesting records please feel free to call me at 203-865-3737 xt. 315.

Thank you,  
Samantha  
Medical Records Coordinator  
Pediatric & Medical Associates, P.C.