

My Psychiatric Partner, LLC (MPP)

OBTAINING YOUR MEDICAL RECORD

In order to get a copy of your Medical Record, or to request that MPP send a copy to another party, please follow these steps.

1. Complete and return the Authorization to Release Health Information to:

My Psychiatric Partner, LLC
6221 Riverside Drive, Suite One North
Dublin, Ohio 43017

OR, fax it to:
855-677-1677

2. Call MPP at 1-855-677-1677 or email us at writetompp@gmail.com in order to pre-pay the copying fee.

The copying fee of your medical record is based on MPP staff's time, handling and mailing costs. MPP's copying and mailing fee is:

- \$ 25.00 handling and postage (standard U.S. Mail delivery). UPS/Fed Ex delivery will have an extra fee.

We will deliver the copy of your Medical Record within 15 days of receiving both the completed Authorization to Release Health Information and the copying fee.

Please contact My Psychiatric Partner if you have further questions.