



FREQUENTLY ASKED QUESTIONS
Medical Record Fees
 May 12, 2011

Licensed Health Care Entities. This memorandum outlines the fees that licensed health care entities may charge for providing copies of medical records pursuant to [6 CCR 1011-1, Chapter II](#), Section 5.2.3.4. Health care entities subject to these requirements are delineated in Section 25-1.5-103, C.R.S., and include, but are not limited to: acute treatment units, ambulatory surgical centers, assisted living residences, birthing centers, community clinics, dialysis treatment clinics, facilities for the developmentally disabled, home care agencies, hospitals and nursing homes.

Cost for:	Insurers, attorneys and individuals other than the patient or the patient's "personal representative"¹	Patient and patient's "personal representative"²
1st 10 pages	\$16.50	\$14.00
pages 11-40	75¢ per page	50¢ per page
pages 41+	50¢ per page	33¢ per page
Microfilm	\$1.50 per page	\$1.50 per page

No fees shall be charged by a health care entity for requests for medical records received from another health care provider solely for the purpose of providing continuing medical care to a patient.

Chapter II, Section 5.2.3.2 requires that a copy of the discharged inpatient record shall be made available within a reasonable time from the date of the signed request, normally not to exceed ten days, excluding weekends and holidays.

Physician's Offices. The Department does not have oversight of physician's offices. For guidance regarding the fees that physician's offices may charge, please refer to the policy issued by the Board of Medical Examiners, Department of Regulatory Agencies entitled [Policy 40-07: Guidelines Pertaining to the Release and Retention of Medical Records](#)

¹ The fee schedule for insurers, attorneys, and individuals other than the patient or the patient's personal representative, was added upon petition by the Association of Health Information Outsourcing Services (AHIOS) to the Board of Health. The public hearing was held in January 2008 and the fee schedule became effective 03/01/08.

² The term "personal representative" is defined under §164.502(g) of the federal Health Insurance Portability and Accountability Act (HIPPA).