

## HOW TO REQUEST MEDICAL RECORDS

**\*\*If your PCP/physician is requesting your medical records from our practice please fill out a release form from that provider's office and please send to our office (see contact information below)\*\***

**\$\$ Costs for Medical Records \$\$  
Patient requesting for self - \$6.50 (email, paper, CD)**

1. Print the AUTHORIZATION TO USE AND/OR DISCLOSE MEDICAL RECORDS form found on the website:

**“For Patients” tab → Patient Forms → Medical Release**

2. Complete, sign and date form.

3. Return form to the practice by:

**Fax to:** Attn: Medical Records (727) 528-7895 *-or-*

**Hand Deliver** to our office *-or-*

**Mail to:** Pinellas Medical Associates  
5880 49th Street N Ste N-104  
St. Petersburg, FL 33709

4. Your request will be processed, and you will be contacted.

✓ Please allow 7 to 10 Business Days to complete your request. Once the completed release form is received by Pinellas Medical Associates, your request will be processed (*the vast majority of requests will be processed the same day we work them*).

✓ If you have additional questions concerning **how to submit a request** for medical records, contact Pinellas Medical Associates at the following number **727-528-6100 option 7**.

*If you have questions about the status, payment or access of a requested medical record, contact:*

**Our Medical Record Company → Provider Flow**

<https://secure.providerflow.com/roi/status.php>

800-600-1478

**\*\* Some records can be accessed from the PMA online patient portal \*\***