



The Silver Lining in Records Management

Release of Information Form – Eye Physicians of Lancaster, P.C.

Read all information carefully.

General Information:

MetalQuest, Inc. is the Custodian for Patient Health Records (medical records) for Eye Physicians of Lancaster, P.C. As the Custodian, MetalQuest maintains these records for Eye Physicians of Lancaster, P.C. formerly located in Lancaster, Pennsylvania. Records maintained by MetalQuest for the facility listed above are for patients seen prior to April 7, 2025.

Former Location:

Lancaster County

810 Plaza Boulevard
Suite 103
Lancaster, PA 17601

Available Records:

MetalQuest, Inc. holds medical records from Eye Physicians of Lancaster from April 7, 2025 and prior.

If you are in need of records that are not referenced above, please contact our office for assistance. Please note: the retention period for Eye Physicians of Lancaster is at least 7 years following discharge of the patient or one year after the patient reaches the age of 18, not to be less than 7 years. Records outside of this retention period may not be available.

Fees:

The following fees are charged for processing the release of information authorization. These fees are subject to change and may vary based on the state regulated fee schedule. Any submitted prepayment will be applied to the total cost of service. All fees are payable in advance.

Description	Fee
Medical Record	Pages 1-20: \$1.94 per page Pages 21-60: \$1.44 per page Pages 61+: \$0.50 per page Third Parties: additional \$28.74 search and retrieval fee *A page = one side of a piece of paper* Fees subject to change based on state recommended updates
Special Handling Charges	\$250.00 per hour for the first hour; \$125.00 per hour for each additional hour plus postage or courier fee.
Shipping	Determined according to selected shipping method



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How to Request Patient Health Records:

If you were a patient at the facility mentioned above prior to April 7, 2025, then please complete the Release of Information Authorization Form for Eye Physicians of Lancaster in its entirety. Any records from this time period and prior will likely be filed at MetalQuest. You (the patient) must include a copy of any one of the following: your State Issued ID, State Driver's License, or Birth Certificate. Your notarized signature is acceptable in place of the State ID, Driver's License, or Birth Certificate. If you are a Parent (requesting records for a minor child), Legal Guardian or other Patient Representative, please follow the additional instructions located directly on the Release of Information Authorization for in addition to sending a copy of your State Issued ID, or Driver's License.

If you have questions about how to complete the form, MetalQuest can be reached at:

Phone: 513-898-1022

Fax: 513-242-5059

Email: Retrieve@MetalQuest.com

Mail: MetalQuest, Inc.

ATTN: Release of Information Department

PO Box 46364

Cincinnati, OH 45246-0364

Format:

Patient Health Records will be released in digital form and provided on an encrypted USB drive, by secure electronic transfer or paper copy. X-rays and mammograms can be released only in digital format. Hardcopy is not available.

Requests for patient records from MetalQuest are processed using the following steps

1. The request is received via submission of properly completed MetalQuest Eye Physicians of Lancaster Release of Information Authorization form. The form may be obtained at www.MetalQuest.com. The completed form should be delivered with prepayment by one of five methods: online eform submission, email, fax, USPS, or courier. The original request is imaged and archived and is data-entered in our database using a unique request ID number. The request is vetted for required documentation, and the prepayment is processed.
2. Confirmation to pull located documents must be received prior to the pulling of records. Any fee due must be paid in advance to release the requested record.
3. The request data and logging pertaining to it are archived for the life of the Custodianship.
4. Please note that MetalQuest will prepare and ship the complete Patient Health Record unless otherwise directed on the Release of Information Authorization Form. If only specific information or portion of the record(s) is requested, then special handling charges apply.
5. All records will be shipped or transmitted via the requested method. Under no circumstances will MetalQuest accept personal deliveries of Release of Information Authorization Forms, payments, or arrangements for pickup at MetalQuest.

Prepayment Information:

When submitting the prepayment, you acknowledge this notification letter has been fully read and all the terms and conditions that apply when submitting a request to MetalQuest are understood. As the requesting party you agree to pay any fees that apply for MetalQuest to fulfill the record request.

Submitting a New Request

In an effort to begin processing your request, please read below. A \$131.00 non-refundable fee is required with each request submitted. If the total on the invoice for services is greater than the \$131.00 fee, then the payment for the difference will be required **before** the requested record is released. There will be no refund for a request costing less than the \$131.00 fee. Note: If MetalQuest has NO records available, certification of NO records will be provided. The \$131.00 fee will be applied to complete the request. For your records, the invoice and receipt will be sent via email, fax, or mail.



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Turnaround Time

When requesting records, please allow up to 30 days. Once the completed authorization with the \$131.00 fee is received, MetalQuest will begin to process the request. MetalQuest understands your request may be time-sensitive. If the completion of your request is needed before the standard turnaround time, please contact our office. Additional fees apply for all rushed requests.

Requested Services

Upon submission, our HIM Team will provide the requested services required to fulfill your request. A valid release of information form or letter must be submitted. Requests for multiple record types will be processed separately. Prepayment is required for each request. Confirmation to pull records will be requested. If a valid release form or confirmation to pull records is not received within 30 days of the initial notification date, the request will be closed and prepayment will be applied as cancellation. If "any and all records" are marked on the release of information form or letter, then **all** available records will be pulled and billed accordingly. If specific documents within a record are requested, a \$250.00 fee per hour will be charged to locate the records. \$250.00 is the minimum fee for specialty searches. If the record must be redacted for any reason, then the minimum charge is \$250.00 for the first hour or any part thereof and \$125.00 per hour thereafter. X-ray film/medical imaging requests cannot be redacted.

Payment

Payment is due before the releasing the records for shipment. If any balance due is not paid within 30 days of the invoice date, MetalQuest will place your facility on credit hold. If your facility has multiple locations, all sites will be affected. MetalQuest will not fulfill new requests submitted by your facility until the past due amount is paid in full.

Cancellation of Request

If your request needs to be canceled, a cancellation letter must be received by MetalQuest within three days of the date listed on the initial notification confirming receipt of your request. Any prepayment submitted will be used to cancel the request. An invoice and receipt will be sent for your records. If a cancellation letter is received after three days have elapsed, fees for services conducted must be paid in full. Any future request(s) will not be processed until the past due balance is paid in full. By submitting prepayment and confirmation to conduct services, the requestor is accepting payment responsibility.

MetalQuest is not a third party copy service, healthcare facility or private practice. All services performed are in house. MetalQuest has been appointed by the federal bankruptcy court or other trustor to protect records throughout their lifecycle. Not all records are stored in an electronic format. MetalQuest will convert any physical record to an electronic file. All record(s) are true and exact copies of the original record(s) requested. MetalQuest charges fees approved by the federal bankruptcy court or other authorized court or regulatory agency. If the requestor requires physical printed copies of the requested record a printing fee will apply. MetalQuest does not provide data interpretation or abstracts for requested records. Except for pathology specimens and the analog mammogram films, an original record is **not** available.

MetalQuest

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Complete all fields. Do not sign a blank form. Please review the following prior to submitting a request. I hereby authorize MetalQuest, Inc., Custodian for Eye Physicians of Lancaster, P.C., to release and disclose medical information to the recipient listed below. I have been a patient of Eye Physicians of Lancaster, P.C. or I am the Patient's Legally Authorized Representative. I understand that the Custodian has legally protected health information about me or the person I represent.

Patient Information:

Patient Name: (last, first, middle) *required		Alternate Name:	
Date of Birth (mm/dd/yyyy) *required		Last Four of Social Security Number:	
Patient Street Address:	City:	State:	Zip Code:
Patient Phone:	Patient Email:		Patient Fax:
Reason for release of information: <ul style="list-style-type: none"><input type="radio"/> At the request of the individual<input type="radio"/> Legal<input type="radio"/> Medical<input type="radio"/> Other:			

Information to be Released: ***required**

Note: MetalQuest will prepare and ship the complete Patient Health Record unless otherwise directed below. Please see the information at the top of this form for fees. **Requests for more than one record type will be processed as separate requests. Prepayments are required for each request.**

<ul style="list-style-type: none"><input type="radio"/> Medical<input type="radio"/> Other:<input type="radio"/> Dates of service: _____ to _____ <p>Any pertinent information:</p>

Information Format and Shipping:

Patient Health Records can be sent in the following ways, depending on the nature of the record. Shipment fees listed are charged in addition to fees listed in the Facility General Information section. Please check the box next to your preferred method. We will make every effort to comply with your choice if possible. Please be sure to include all necessary shipping information for the chosen method. Diagnostic images/X-rays can be delivered in digital format only. They cannot be sent via fax or printed.

<ul style="list-style-type: none"><input type="radio"/> Via digitally encrypted USB (\$30.00)<input type="radio"/> Via encrypted download using an email link (\$10.00) *recommended<input type="radio"/> Via facsimile transmission (25 pages or less, \$10.00)<input type="radio"/> Via paper copy (\$0.25 additional per page cost plus postage)

Do Not Include: Please initial next to items **NOT** to be included. Note: additional fees apply for redaction.

<p>____ Alcohol/drug treatment</p> <p>____ Behavioral/mental health information</p> <p>____ Genetic/reproductive rights information</p> <p>____ AIDS/HIV related information</p>
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Additional Services:

Please send any affidavits, direct questions, or third party certificates to be completed with your request.

- ☐ Notarized Affidavit (\$125.00)
- ☐ Direct Questions (\$250.00)
- ☐ MetalQuest Record Certification (\$115.00)
- ☐ Other:

Recipient Information:

- ☐ Patient is recipient, address is the same as above
- ☐ Patient is not recipient, or address is not the same as above listed (Please complete section below)

Organization Name:		Direct Contact Name:	
Street Address: _____ City: _____ State: _____ Zip Code: _____		Organization Number:	Direct Contact Number:
		Fax Number:	Email:
		Prefers to be Contacted by: <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Mail	
		Third Party Request Reference ID:	

Authorization to Release Records:

I fully understand that the information to be disclosed includes my/the patient's identity, diagnosis, and treatment history and may include information regarding **ALCOHOL AND/OR DRUG/SUBSTANCE ABUSE, BEHAVIORAL OR MENTAL HEALTH SERVICES, GENETIC TESTING, REPRODUCTIVE RIGHTS, SEXUALLY TRANSMITTED AND INFECTIOUS DISEASES, AND AIDS AND HIV INFORMATION.**

This authorization will automatically expire in 180 days after the date below, or sooner by my choice, in which case this authorization will expire on _____ (date) or _____ (event). A photocopy or facsimile of this authorization will be considered valid unless otherwise specified.

I understand that I have the right to revoke this authorization at any time, except to the extent that action has already been taken by MetalQuest, Inc. in reliance upon this authorization. If I choose to revoke this authorization, I must do so in writing to MetalQuest, Inc. to the address listed at the end of this document.

I understand that any release and disclosure of my health information carries with it the potential for re-disclosure and the information may not be protected by federal health information privacy regulations if the recipient(s) described in this form are not required by law to protect the privacy of the information.

MetalQuest

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I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. However, MetalQuest is unable to release my records and/or pathology slides unless this form is signed.

I hereby state that I have read and fully understand the above statements as they apply to me. I consent to the release and disclosure of the records for the purpose(s) stated above.

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Patient Signature:	Date: (MM/DD/YYYY)
(If the patient is a minor, age 13 to 18, and received mental health and/or substance abuse treatment, then he/she must sign this authorization)	
Parent or Patient's Legal Representative Signature:	Printed Name, Address, and Telephone Number of Parent or Patient's Legal Representative:
Description of Authority to Act on Behalf of Patient:	Name:
	Address:
	Telephone Number:
Reason Patient is Unable to Sign:	
Please attach proof of identity or any applicable Documents of Authority to support your claim of being the Patient's Legal Representative:	
For example, Guardianship, Executor of Estate, Power of Attorney, Birth Certificate, Certificate of Death, etc.	
State of _____	
County of _____	
On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed above in my presence.	
_____ Notary Public	(Seal or Stamp)



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Mail the completed Release of Information Authorization, copy of identification (or properly notarized form) and any additional documentation as applicable to:

MetalQuest, Inc.

Attn: Release of Information Department

Po Box 46364

Cincinnati, OH 45246-0364

Fax the documents to: **513-242-5059**

Or, Email a copy to: **Retrieve@MetalQuest.com**

Billing: In order to improve processing time, please enter billing information below. **Prepayment is required upon request submission. This is not a final invoice. Additional fees may be due after services have been conducted.** Please review the applicable fees for your request in the Facility General Information section.

Credit/Debit Card Information:

Name on Card:	Card Number:
Expiration Date:	CSC:

Bank Information:

Name on the Account:	Bank Name:
Phone Number:	Account Type:
Routing Number:	Account Number:

By signing here, I authorize MetalQuest to charge the required amount to my credit/debit card, or to withdraw the required funds from the bank account that I have indicated above. I also confirm that I have read the prepayment agreement and understand the terms and conditions that apply when submitting a request to MetalQuest.

Signature _____ Date _____