Release of Information: Laws and Regulations, Alabama - Iowa

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Alabama - Iowa

| State | Requestor Type | Regulated Search/ Retrieval Fee | Per Page Fee | Legal Reference |
|---------|--------------------------------------|------------------------------------|--|--|
| Alabama | State Disability | \$12.00 within 60 days | None | State sets fees |
| | Workers' Comp | \$5.00 | \$1.00 1-25; \$.50 26+ (actual postage) | Alabama Code §12-21-6.1 |
| | Subpoena | \$5.00 | \$1.00 1-25; \$.50 26+ (actual postage) | |
| | Attorney/ Insurance/Patient | \$5.00 | \$1.00 1-25; \$.50 26+ (actual postage) | Alabama Code §12-21-6.1 |
| | X-ray Attorney/ Insurance/Patient | "Actual cost" | "Actual cost" | Alabama Code §12-21-6.1 |
| | X-ray Workers' Comp | \$5.00 | \$.50 | Dept. Ind. Rel. Adm. Rule 480-5-105 |
| Arizona | State Disability | \$12.75 | None | Arizona Dept. of Economic Security; increased from \$12.25 to \$12.75 |
| | Children's Rehab | No charge to patient, | No charge to patient, | A.A.C. R9-108(B) |
| | Services | legal guardian, or | legal guardian, or | Children's |
| | | government agency | government agency | Rehabilitative Services Program |
| | Mental Health | | The fee for copying shall | A.A.C. R9-21-209(D) |
| | Services | | be no more than the actual expense of reproducing the record | (F) Department of Health Services |
| | Behavioral Health | | Agencies may charge a fee to cover the actual cost of copies | A.A.C. R9-20-405(A) (11) Department of Health Services |
| | Workers' Comp | \$10.00 per hour | \$.25 (actual postage) | Industrial Comm. Physicians' Fee Schedule p. 6, ¶14 |
| | Subpoena | \$10.00 per hour | \$.10 (actual postage) | A.R.S. §12-351(F) |
| | Subpoena Microfilm | \$10.00 per hour | \$.20 (actual postage) | A.R.S. §12-351(F) |
| | Attorney/ Insurance/Patient | | Reasonable fee for the production of medical records | A.R.S. §12-2295(A) |

| Arkansas | State Disability | \$15.00 within 30 days | None | State sets fees |
|-------------|---|--|--|---|
| | Workers' Comp | \$5.00 (1-5 pp.) | \$.25 6+ pp. | WC Comm. Rule 30, Part VI |
| | Subpoena | "Costs" | "Costs" | Code of Arkansas §§16-46- 302, 303 |
| | Attorney/Patient | Reasonable fee for | Reasonable fee for | Code of Arkansas §16- |
| | Medical Review | medical review of records | medical review of records | 46-106 (4) |
| | Attorney/Patient | \$5.00 (1-5 pp.) | \$.25 6+ (RF at hospitals only) | Code of Arkansas §16-46-106 |
| | X-ray Workers Comp | Actual direct cost | Actual direct cost | WC Comm. Rule 30, Part VI-3 |
| | X-ray Attorney/ Insurance/Patient | "Excluding x-rays" | "Excluding x-rays" rates not addressed | Code of Arkansas §16-46-106 |
| California | State Disability | \$14.05 to 21.60 (+ tax) | Per their grid | State sets fees |
| | Workers' Comp/ Attorney | \$4.00 per quarter hour or \$16.00 per hour | \$.10 (actual postage) | California Evidence Code §1158 |
| | Subpoena | \$4.00 per quarter hour or \$16.00 per hour | \$.10 (actual postage) | California Evidence Code §1563 |
| | Patient | Reasonable clerical costs in locating and making records available | \$.25 (actual postage) | California Health & Safety Code §123110 |
| | Microfilm Patient | Reasonable clerical costs | \$.50 | California Health & Safety Code §123110 |
| | Microfilm Attorney | \$4.00 per quarter hour or \$16.00 per hour | \$.20 (actual postage) | California Evidence Code §1158 |
| | X-ray Attorney | "Actual costs" | "Actual costs" | California Evidence Code §1158 |
| | X-ray Patient | "Actual costs" | Reasonable cost not exceeding actual costs | California Health & Safety Code §123110 |
| Colorado | State Disability | \$12.00 (1-10 pp.) | \$.25 11+ | State sets fees |
| | Workers' Comp | \$12.00 (1-10 pp.) | \$.25 11+ (actual postage) | WC Rule XVIII Section 7(b) |
| | Attorney/Patient | \$12.00 (1-10 pp.) | \$.25 11+ (actual postage) | Colorado DOH 6 C.C.R. 1011.1 Part 5, §5.2.3.4 |
| | X-ray Attorney/ Insurance/Patient | "Actual cost" | "Actual cost" | Colorado DOH 6 C.C.R. 1011.1 Part 5 |
| Connecticut | State Disability | None | None | State sets fees |
| | Workers' Comp Hospital | None | \$.65 (actual postage) | Connecticut General Statute §19a-490b |
| | Workers' Comp Clinic | None | \$.45 (actual postage) | Connecticut General Statute §20-7C(b) |
| | Social Security | No charge to patient filing or appealing SS claim | None | Connecticut General Statute §19a-490b |
| | Attorney/ Insurance/ Patient Hospital | None | \$.65 (actual postage) | Connecticut General Statute § 19a-490b |

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| | Attorney/ Insurance/ Patient Clinic | None | \$.45 (actual postage) | Connecticut General Statute §20-7C(b) |
| | X-ray Attorney/ Insurance/Patient | "Cost" | "Cost" | Connecticut General Statute §19a-490b |
| Delaware | State Disability | None | \$1.00 1-5; \$.50 6+; \$35.00 max | State sets fees |
| Florida | State Disability | None | \$1.00; \$16.00 max within 15 days | Florida Dept. of Labor & Employment Security; 42 CFR §416.1024 |
| | Workers' Comp Attorney/Patient | None | \$.50 (actual postage) | Florida Admin. Code Rule 38F-7.601 |
| | Workers' Comp Insurance | None | None for required records and reports or for documents required to substantiate medical necessity | Florida Workers' Comp 1991 Provider Manual p. 6, V(B) |
| | Workers' Comp Insurance Hospital | \$1.00 per year searched | \$1.00 [\$2.00 for microfilm] (actual postage) | Florida Statute §395.3025(1) |
| | Workers' Comp Insurance Clinic | None | | §§440.13(1)(i) & (4) (c), F.S. 38F-7.020, F.A.C. |
| | Subpoena Hospitals | \$1.00 per year searched | \$1.00 (actual postage) | Florida Statute §395.3025 |
| | Subpoena Clinics/Groups | None | \$1.00 (actual postage) | Florida Admin. Code §59R-10.003 |
| | Attorney/ Insurance/ Patient Hospital | \$1.00 per year searched | \$1.00 1-25; \$.25 26+ (actual postage) | Florida Statute §395.3025 |
| | Attorney/ Insurance/ Patient Clinics | None | \$1.00 per film (actual postage) | Florida Admin. Code §59R-10.003 |
| | Microfilm Hospitals | \$1.00 per year searched | \$1.00 1-25; \$.25 26+ (actual postage) | Florida Statute §395.3025 |
| | Microfilm Clinics/Groups | "Actual cost" | \$1.00 (actual postage) | Florida Admin. Code §59R-10.003 |
| | X-ray Attorney/ Insurance/Patient Hospital | \$1.00 per year searched | "Actual cost" | Florida Statute §395.3025 |
| | X-ray Attorney/ Insurance/Patient Clinic | "Actual cost" | "Actual cost" | Florida Admin. Code §59R-10.003 |
| Georgia | State Disability | \$10.00 | None | State sets fees |
| _ | Social Security | No charge to make or complete application for benefits | None | Code of Georgia §31-33-3(b) |
| | Workers' Comp Attorney/Insurance | \$10.00 only (1-20 pp.) | \$.50 21+ (actual postage) | Georgia Workers' Comp Summary |

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| | Workers' Comp | None for required | None for required forms | |
| | Insurance | forms with supporting | WC18 & WC20A with | Comp Summary |
| | | documents | supporting documents | |
| | Subpoena | Reasonable charges | Reasonable charges | Code of GA-Article 4; §24-10-73 |
| | Attorney/ Insurance/Patient | "Reasonable costs" | "Reasonable costs" | Code of Georgia §31-33-3(a) |
| Hawaii | Workers' Comp | None for preparation and submission of required reports | None for preparation and submission of required reports | Section 12-13-92 HRS |
| Idaho | State Disability | \$10.00 (1-20 pp.) \$15.00 (21-50 pp.) \$20.00 (51+ pp.) | | State sets fees |
| | Workers' Comp | First copy free; second copy reasonable charge | First copy free; additional requests can be at "reasonable charge" | IDAPA 17.02.04.322.01 & .02 (*Applies to second request only) |
| | Subpoena | Reasonable charges | Reasonable charges | Idaho Evidence Code §9-420 |
| Illinois | State Disability | \$20.00 | None | State sets fees |
| | All Requestor Types Hospital Lien | None | None | §770 ILCS 35/3 |
| | Attorney/Patient | "Reasonable expenses" | "Reasonable expenses" | 735 ILCS 5/8-2001, 5/8-2003 |
| Indiana | State Disability | \$14.00 | None | |
| anantiid | Workers' Comp | \$15.00 (1-10 pp.) | \$.25 11+ (actual postage); \$10.00 additional if two-day delivery requested | Indiana Code §16-39-9 |
| | Subpoena | \$15.00 (1-10 pp.) | \$.25 11+ (actual postage); \$10.00 additional if two-day delivery requested | Indiana Code §34-3- 15.5-6 |
| | Attorney/ Insurance/Patient | \$15.00 (1-10 pp.) | \$.25 11+ (actual postage); \$10.00 additional if two-day delivery requested | Indiana Code §16-39-9 (**Fees reviewed by Dept of Insurance**) |
| | X-ray Attorney/ Insurance/Patient | "Actual costs" | "Actual costs" | Indiana Code §16-39-1-2; §16-39-7-2 |
| Iowa | State Disability Hospitals | \$7.50 | None | State sets fees |
| | State Disability Clinics | \$15.00 | None | State sets fees |
| | Workers' Comp Insurance/ Employer | Initial and final assessment is free; duplicate copies \$20.00 (1-20 pp.) | Duplicate copies at \$20.00 + \$1.00 21-30 (actual postage); \$30.00 + \$.50 31-100; \$65.00 + \$.25 101-200; \$90.00 + \$.10 201+ | Iowa Industrial Comm. Rule 343-8.8(85,17A) |
| | Workers' Comp Attorney/Patient | \$20.00 (1-20 pp.) | \$20.00 + \$1.00 21-30 (actual postage); \$30.00 | Iowa Industrial Comm. Rule 343-8.8(85,17A) |

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| | | + \$.50 31-100; \$65.00 + |
| | | \$.25 101-200; \$90.00 + |
| | | \$.10 201+ |
| | | * Fees adjusted annually |

Issued: January 1999

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