

# Smart Request

## RECORD RETENTION ENROLLMENT FORM

PRICING STRUCTURE: Please Select one:

- Option 1: \$0.00 per request and 30 days of electronic data archival. Records will automatically delete from the server after allotted time.
- Option 2: \$2.00 per request and 90 days of electronic data archival. Records will automatically delete from the server after allotted time.
- Option 3: \$3.99 per request and 180 days of electronic data archival. Records will automatically delete from the server after allotted time.
- Option 4: \$4.99 per request and 365 days of electronic data archival. Records will automatically delete from the server after allotted time.

The “electronic data archival” period indicated above begins when the record is available for download for each request in Smart Request. The electronic data archive fee will be assessed for each request based on the tier at the time the request is processed.

ABOVE PRICES ARE IN ADDITION TO STATE REGULATED RELEASE OF INFORMATION FEES.

*The prices set forth above may be increased by Ciox upon written notice.*

Tier changes will be effective in 5 business days of receipt of this request.

### Order Information

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email (Required)

BY REQUESTING THE RECEIPT OF MEDICAL RECORDS ELECTRONICALLY, I HEREBY ACKNOWLEDGE MY COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES AND REGULATIONS PERTAINING TO THE DISCLOSURE AND CONFIDENTIALITY OF MEDICAL RECORD INFORMATION. I ALSO HEREBY ACKNOWLEDGE THAT THIS AGREEMENT IS SOLELY BETWEEN CIOX AND (FIRM) FOR RECORDS DELIVERY, AND THE ABOVE PRICES DO NOT CONSTITUTE FEES CHARGED BY MEDICAL FACILITIES FOR THE RELEASE OF INFORMATION UNDER ANY APPLICABLE STATE LAW, INCLUDING, BUT NOT LIMITED TO, CHARGES UNDER N.C.G.S.A. § 44-49.

**OFFICE USE ONLY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CUSTOMER NUMBER

\_\_\_\_\_  
PRODUCT SERVICES TEAM

\_\_\_\_\_  
ASSIGNED LOGIN EMAIL

\_\_\_\_\_  
Ciox REP

\_\_\_\_\_  
DATE