



Conversion Department

PICK-UP LOG

The Following Documents are released to RECTEC

Client: _____ Division: _____ Date: _____

Contact: _____ Telephone: _____ Fax: _____

Address: _____ Suite# _____

City

State

Zip

Type Project: _____ Year: _____

Preparation of Documents (Approx _____ Hr.) Priority: _____ High _____ Medium _____ Low Date Need: _____

_____ Info@ hand (Archive) _____ DocSTAR _____ Images Only _____ CD/Original & Disaster _____ CD Original Only

_____ Storage Only _____ SOD & Storage _____ Inventory Boxes _____ Return Boxes (RECTEC)

S or L	Boxes/ Folder /TBook	Item Range	Index Points	Example Index Point:

Document Prep. Procedure: _____

CD Label Title: _____

❖ _____
Sales Representative Comments:

Document Security notices:

___ After 30 days, RECTEC will destroy all original source documents that have been scanned.

___ After 30 days, RECTEC will Shred all Medical Records for a fee of \$3.00 per box. **(TO BE COMPLIANT W/HIPAA)**

___ RECTEC will return all original source documents after worked is completed.

___ RECTEC will store all original source documents for the mentioned fee large boxes \$1.00, Small boxes .50 Cents.

 Print Name: Client

 Client Signature

 Date

 Print Name: RECTEC Sales

 RECTEC Representative Signature

 Date