



Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

| | | |
|-------------------------------|---------------------|-------------------------|
| <i>Patient's Name (print)</i> | <i>Phone Number</i> | <i>Date of Birth</i> |
| <i>Patient's Address</i> | | <i>Medical Record #</i> |

INFORMATION THAT CAN BE RELEASED: If specific dates only, list dates: _____

Type of Records Being Requested (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All My Medical Records | <input type="checkbox"/> Emergency Dept. Notes |
| <input type="checkbox"/> Urgent Care Center Notes | <input type="checkbox"/> History and Physical |
| <input type="checkbox"/> Operative/Procedure Notes | <input type="checkbox"/> Provider Orders |
| <input type="checkbox"/> Discharge Summaries | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Progress Notes (inpatient) |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Patient Billing Records |
| <input type="checkbox"/> Film/CD (Imaging Support) | <input type="checkbox"/> Nursing Notes |
| <input type="checkbox"/> Clinic Notes (outpatient) | |
| <input type="checkbox"/> Other (describe in detail): _____ | |

Person/Company that you wish to receive your records

Name: _____
 Address: _____

 Phone Number: _____
 Fax (if applicable): _____

Please check if you wish to authorize the release of sensitive medical information: Mental Health/Psychiatric Treatment Genetic Testing Information Alcohol or Substance Abuse Treatment STD/HIV/AIDS Treatment(s) or Test(s)

Format Requested / Delivery Method

- Mail paper records to address listed above
- Review or pick up paper records in Health Information Management (HIM) Department
- Verbal release to person identified above
- Fax to number listed above (Health care providers only; no personal faxes)
- Other: (describe) _____

Receive electronically via email (check one and print email address)

Unsecure/unencrypted* Secure/encrypted (may be size limitations) Email: _____

*communication by unencrypted email presents a risk that personally identifiable information contained in the email, may be intercepted by unauthorized third parties

Release to web portal via MyUNC Chart in electronic format. (Access will only be available for 30 days; you may print and/or save a copy for personal use) **This option is only available for records that were created in Epic.

Fees: A reasonable cost-based fee may be charged for copies of records being requested. Patients may request a cost estimate from HIM in advance.

If you do not have a MyUNC Chart you may sign up for an account here:
<https://myuncchart.org/mychart/>

Expiration: Unless previously revoked, this Authorization will expire on the following date, event or condition: (list date, event or condition) _____ . If I fail to specify an expiration date or event or condition, this Authorization shall remain in effect for **one (1) year** from the date I sign it.

| | | |
|--|--|-------------|
| <i>Signature of Patient</i> | <i>Date</i> | <i>Time</i> |
| <i>OR Signature of Authorized Representative</i> | <i>Date</i> | <i>Time</i> |
| <i>Printed Name of Authorized Representative</i> | <i>Phone Number of Authorized Representative</i> | |

Explain Representative's authority to act on behalf of the Patient:



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| Please send your completed Request for Patient Access to Protected Health Information (PHI) Form by fax or mail to the entity listed below (If only requesting film please send request to applicable facilities radiology department): | |
|--|---|
| For: | Send to: |
| UNC Hospitals | UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu |
| UNC Hospitals Radiology Department | (fax) 984-974-8814; (phone) 984-974-9362 Email: FILMmail@unchealth.unc.edu |
| Rex Healthcare / Rex Hospital | Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158 |
| Rex Healthcare / Rex Hospital Radiology Department | (fax) 919-784-3497; (phone) 919-784-3023 |
| Caldwell Memorial Hospital | Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169 (phone) 828-757-5100 |
| Caldwell Memorial Hospital Radiology Department | (fax) 828-757-5206; (phone) 828-757-5204 |
| Chatham Hospital | Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804 |
| Chatham Hospital Radiology Department | (fax) 919-799-4601; (phone) 919-799-4600 |
| UNC Physicians Network | Return directly to UNC Physicians Network Clinic |
| Johnston Health | Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (phone) 919-938-7705 |
| Margaret R. Pardee Memorial Hospital | Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094 |
| Nash Healthcare System / Nash Hospitals | Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130 |
| Lenoir Memorial Hospital | UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185 |
| Wayne UNC Health Care | Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117 |
| UNC Rockingham Health Care / Rockingham Hospital | UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194 |

