

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: _____				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> Type of Records Being Requested (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> All My Medical Records <input type="checkbox"/> Urgent Care Center Notes <input type="checkbox"/> Operative/Procedure Notes <input type="checkbox"/> Discharge Summaries <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Film/CD (Imaging Support) <input type="checkbox"/> Clinic Notes (outpatient) <input type="checkbox"/> Other (describe in detail): _____ _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Emergency Dept. Notes <input type="checkbox"/> History and Physical <input type="checkbox"/> Provider Orders <input type="checkbox"/> Consultations <input type="checkbox"/> Progress Notes (inpatient) <input type="checkbox"/> Patient Billing Records <input type="checkbox"/> Nursing Notes </div> </div> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> Person/Company that you wish to receive your records Name: _____ Address: _____ _____ Phone Number: _____ Fax (if applicable): _____ </td> </tr> </table>			Type of Records Being Requested (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> All My Medical Records <input type="checkbox"/> Urgent Care Center Notes <input type="checkbox"/> Operative/Procedure Notes <input type="checkbox"/> Discharge Summaries <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Film/CD (Imaging Support) <input type="checkbox"/> Clinic Notes (outpatient) <input type="checkbox"/> Other (describe in detail): _____ _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Emergency Dept. Notes <input type="checkbox"/> History and Physical <input type="checkbox"/> Provider Orders <input type="checkbox"/> Consultations <input type="checkbox"/> Progress Notes (inpatient) <input type="checkbox"/> Patient Billing Records <input type="checkbox"/> Nursing Notes </div> </div>	Person/Company that you wish to receive your records Name: _____ Address: _____ _____ Phone Number: _____ Fax (if applicable): _____
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Please check if you wish to authorize the release of sensitive medical information: <input type="checkbox"/> Mental Health/Psychiatric Treatment <input type="checkbox"/> Genetic Testing Information <input type="checkbox"/> Alcohol or Substance Abuse Treatment <input type="checkbox"/> STD/HIV/AIDS Treatment(s) or Test(s)				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> Format Requested / Delivery Method <input type="checkbox"/> Mail paper records to address listed above <input type="checkbox"/> Review or pick up paper records in Health Information Management (HIM) Department <input type="checkbox"/> Verbal release to person identified above <input type="checkbox"/> Fax to number listed above (Health care providers only; no personal faxes) <input type="checkbox"/> Other: (describe) _____ 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. </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Receive electronically via email (check one and print email address) <input type="checkbox"/> Unsecure/unencrypted* <input type="checkbox"/> 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 <input type="checkbox"/> 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. If you do not have a MyUNC Chart you may sign up for an account here: https://myuncchart.org/mychart/ </td> </tr> </table>			Format Requested / Delivery Method <input type="checkbox"/> Mail paper records to address listed above <input type="checkbox"/> Review or pick up paper records in Health Information Management (HIM) Department <input type="checkbox"/> Verbal release to person identified above <input type="checkbox"/> Fax to number listed above (Health care providers only; no personal faxes) <input type="checkbox"/> Other: (describe) _____ 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.	<input type="checkbox"/> Receive electronically via email (check one and print email address) <input type="checkbox"/> Unsecure/unencrypted* <input type="checkbox"/> 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 <input type="checkbox"/> 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. If you do not have a MyUNC Chart you may sign up for an account here: https://myuncchart.org/mychart/
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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. Please note that records created after the date of signature on this form but prior to the expiration date will be released pursuant to this form unless otherwise indicated above.				
<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>			
<i>Explain Representative's authority to act on behalf of the Patient:</i> 				



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Please send your completed Request for Patient Access to Protected Health Information (PHI) Form by fax, mail or email to the appropriate entity at the contact information listed below.

NOTE: If only requesting radiology film, please send request to the appropriate radiology department at the contact information listed below.

UNC Hospitals	<p>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</p> <p>For radiology film <u>only</u>: UNC Hospitals Radiology Department (fax) 984-974-8814; (phone) 984-974-9362 Email: FILMmail@unchealth.unc.edu</p>
UNC Health Rex	<p>Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trail, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158</p> <p>For radiology film <u>only</u>: Rex Healthcare / Rex Hospital Radiology Department (fax) 919-784-3497; (phone) 919-784-3023</p>
UNC Health Caldwell	<p>Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169 (phone) 828-757-5100</p> <p>For radiology film <u>only</u>: Caldwell Memorial Hospital Radiology Department (fax) 828-757-5206; (phone) 828-757-5204</p>
UNC Health Chatham	<p>Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804</p> <p>For radiology film <u>only</u>: Chatham Hospital Radiology Department (fax) 919-799-4601; (phone) 919-799-4600</p>
UNC Physicians Network	Return directly to UNC Physicians Network Clinic
UNC Health Johnston	<p>UNC Health Johnston Health Information Management Attn: Release of Information PO Box 1376, Smithfield, NC 27577 (fax) 919-934-9266; (phone) 919-938-7705</p> <p>For radiology film <u>only</u>:</p> <ul style="list-style-type: none"> • <i>Smithfield Hospital Location</i> Johnston UNC Health Care Radiology Department 509 N. Brightleaf Blvd., Smithfield, NC 27577



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	<p>(fax) 919-989-9795; (phone) 919-938-7190</p> <ul style="list-style-type: none"> <i>Clayton Hospital Location</i> Johnston UNC Health Care Radiology Department 2138 NC Highway 42W, Clayton, NC 27520 (fax) 919-585-8462; (phone) 919-585-8450
UNC Health Pardee	<p>Pardee Health Information Management Attn: Release of Information 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094</p> <p>For radiology film <u>only</u>: Pardee UNC Health Care, Attn: Radiology 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1076; (phone) 828-969-1040</p>
UNC Health Nash	<p>Nash UNC Health Care Health Information Management 2460 Curtis Ellis Drive, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130</p>
UNC Health Lenoir	<p>UNC Lenoir Health Care Health Information Services Attn: Release of Information 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185</p>
UNC Health Wayne	<p>Wayne UNC Health Care Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117</p> <p>For radiology film <u>only</u>: Wayne UNC Health Care, Radiology Department 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (phone): 919-731-6013</p>
UNC Health Rockingham	<p>UNC Rockingham Health Care Health Information Management 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194</p> <p>For radiology film <u>only</u>: UNC Rockingham Health Care Diagnostic Imaging 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-1345; (phone) 336-623-9711 x1712262</p>
UNC Health Blue Ridge	<p>UNC Health Blue Ridge Health Information Management 2201 S. Sterling Street, Morganton NC, 28655 (fax): 828-580-6859 (phone): 828-580-6938</p>
UNC Health Southeastern	<p>UNC Health Southeastern Health Information Management 300 W 27th Street, Lumberton, NC 28358 (fax): 910-671-5349 (phone): 910-671-5539</p> <p>For radiology film <u>only</u>: UNC Health Southeastern Medical Imaging Department (fax): 910-671-5209 (phone): 910-671-5054</p>
Appalachian Regional Healthcare	<p>Watauga Hospital ATTN: Health Information Management Department</p>



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	336 Deerfield Road, Boone, NC 28607 (fax) 828-265-5014; (phone) 828- 262-9581 Cannon Memorial Hospital & Appalachian Behavioral Health Hospital ATTN: Health Information Management Department 434 Hospital Drive, Linville, NC 28646 (fax) 828-737-7531; (phone) 828-737-7547
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