



FORMS POLICY: Medical Records

*Please take a moment to read through this form. **Any request** for Medical Records must complete a release form. **ONLY** completed and signed forms will be processed. Any missing information will cause a delay.*

- All sections, including the check off boxes at the top of the page for the items you wish to request, need to be completed
- Once completed, your paperwork will be processed through a third party called Providerflow
- Providerflow will contact you if there is a fee involved with your request
- Please allow **7-10 Business Days** to process your request
- If you have any questions on the status of your request, you may contact Providerflow at 1-800-600-1478 or go to www.medrecsnow.com for status update and online payments
- If you have any additional questions, please feel free to contact us at our Medical Records Department 919-467-4992 Ext:1122

Chart # _____

Staffs Initials _____



This Form must be fully completed for your Medical Records to be released

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Please check all the following boxes that you wish to be released:

- All Records Doctor Office Notes PT Office Notes Reports Billing Statement

Please Check if you would like the following included:

- Copy of X-rays (CD) *\$5 Fee MRI Images (CD)

Body Part(s) _____ Dates from _____ to _____

PATIENT INFORMATION:

PATIENT NAME (print) _____ DATE _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

BEST CONTACT PHONE # _____ DATE OF BIRTH _____

RELEASE INFORMATION TO/FROM:

- Patient Physician/Practice/Organization HIPAA Authorized Person Cary Orthopaedics

NAME _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE # _____ FAX OR EMAIL _____

ONCE COMPLETE, HOW WOULD YOU PREFER YOUR HEALTHCARE INFORMATION SENT:

- Mailed to Above Address Picked Up @ Location: _____ Faxed Emailed

Signature of Patient/Guardian/Legal Representative

Date

This authorization may not be valid for greater than one year from the date of signature. You may revoke or terminate this authorization by submitting a hand written revocation to our office. This information may be re-disclosed by the recipient.

For Office Use Only:

HANDED TO PT ON: _____ BY: _____ PYMT RECEIVED BY: _____ PYMT POSTED BY: _____