



POLICY: Medical Records

*Please take a moment to read through this form. **Any request** for Medical Records must have a completed release form (see page 2). **ONLY** completed and signed forms will be processed. Any missing information will cause a delay.*

- All sections of the attached form need to be completed.
- Once completed, your paperwork will be processed through a third party called Ciox Health. If you are requesting copies of any images that were completed in our office, these will be handled by UNC Health Cary Orthopaedics directly. They will be put on a CD for a \$5 charge (see page 3).
- Please allow **5 Business Days** to process your request.
- Ciox Health will contact you directly with any questions.
- If you have any questions on the status of your request, you may contact Ciox Health at 1-800-367-1500.
- If you have any additional questions regarding copies of your images, please contact our Medical Records Department at 919-467-4992 Ext:1122.



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:



Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

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





AUTHORIZATION TO RECEIVE IMAGES

Please Check if you would like the following included:

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

Body Part(s) _____

PATIENT INFORMATION:

PATIENT NAME (print) _____

DATE OF BIRTH _____ BEST CONTACT PHONE # _____

ONCE COMPLETED, HOW WOULD YOU PREFER TO RECEIVE YOUR CD:

- Mailed to the address below:

ATTENTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

- Pick up form (Circle): Cary Pkwy Ortho Cary Ortho Spine Davis Drive Holly Springs

Signature of Patient/Guardian/Legal Representative

Date

For Office Use Only:

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