



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"/> Radiology Images/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 Sexually Transmitted Infection/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) _____

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.

- Receive electronically via email* Encrypted Unencrypted
 USB* Data provided in unencrypted electronic formats poses inherent risks of potential interception or compromise.
 *If I choose to receive my medical information via an unencrypted electronic format, I accept all associated risks.
 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/>

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>	

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, 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.

<p>UNC Health</p>	<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 images <u>only</u>: UNC Hospitals Radiology Department (fax) 984-974-8814; (phone) 984-974-9362 Email: FILMmail@unchealth.unc.edu</p>
<p>UNC Health Rex</p>	<p>UNC Health 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 images <u>only</u>: Rex Healthcare / Rex Hospital Radiology Department (fax) 919-784-3497; (phone) 919-784-3023</p>
<p>UNC Health Caldwell</p>	<p>UNC Health 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 images <u>only</u>: Caldwell Memorial Hospital Radiology Department (fax) 828-757-5206; (phone) 828-757-5204</p>
<p>UNC Health Chatham</p>	<p>UNC Health Chatham 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 images <u>only</u>: Chatham Hospital Radiology Department (fax) 919-799-4601; (phone) 919-799-4600</p>
<p>UNC Physicians Network</p>	<p>Return directly to UNC Physicians Network Clinic</p>
<p>UNC Health Johnston</p>	<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>



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	<p>For radiology images <u>only</u>:</p> <ul style="list-style-type: none"> • <i>Smithfield Hospital Location</i> UNC Health Johnston Radiology Department 509 N. Brightleaf Blvd., Smithfield, NC 27577 (fax) 919-989-9795; (phone) 919-938-7190 • <i>Clayton Hospital Location</i> UNC Health Johnston Radiology Department 2138 NC Highway 42W, Clayton, NC 27520 (fax) 919-585-8462; (phone) 919-585-8450
UNC Health Pardee	<p>UNC Health 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 images <u>only</u>: UNC Health Pardee, Attn: Radiology 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1076; (phone) 828-969-1040</p>
UNC Health Nash	<p>UNC Health Nash 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 Health Lenoir 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>UNC Health Wayne Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117</p> <p>For radiology images <u>only</u>: UNC Health Wayne, Radiology Department 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (phone): 919-731-6013</p>
UNC Health Rockingham	<p>UNC Health Rockingham Health Information Management 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194</p> <p>For radiology images <u>only</u>: UNC Health Rockingham 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>



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	For radiology images <u>only</u> : UNC Health Southeastern Medical Imaging Department (fax): 910-671-5209 (phone): 910-671-5054
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