UNC HEALTH

Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

Patient's Name (print)	*Phone Number*	*Date of Birth*
Patient's Address		*Medical Record #*

Person/Company that you wish to receive your records:

Name: _____ Address: _____

Phone Number: _____ _____

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

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

☐ **All My Medical Records** ☐ Emergency Dept. Notes ☐ Urgent Care Center Notes ☐ History and Physical
☐ Operative/Procedure Notes ☐ Provider Orders ☐ Discharge Summaries ☐ Consultations
☐ Progress Notes (inpatient) ☐ Laboratory Reports ☐ Radiology Reports ☐ Patient Billing Records
☐ Film/CD (Imaging Support) ☐ Nursing Notes ☐ Clinic Notes (outpatient) ☐ EHI Export*
☐ Other (describe in detail): _____

* Please select EHI Export from the "Type of Records Being Requested" section above if you wish to request a machine-readable format extract of your electronic health information (EHI). The files in this export package have been stripped of the structured formatting created by our medical record system and will be packed into a single ZIP file for more convenient transfer. An EHI export breaks your record into folders that might include media, rich text, xml, and other format files which will allow it to be imported into another electronic record system.

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 below (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 (*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.
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.**

Signature of Patient or Authorized Representative	*Date*	*Time*
Printed Name of Authorized Representative (if signed by someone other than the patient)		*Relationship to patient*

UNC HEALTH

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, 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 Health Appalachian	Watauga Hospital ATTN: Health Information Management Department 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 PO Box 767, Linville, NC 28646 (fax) 828-737-7531; (phone) 828-737-7547
UNC Health Blue Ridge	UNC Health Blue Ridge Health Information Management 2201 S. Sterling Street, Morganton NC, 28655 (fax): 828-580-6859 (phone): 828-580-6887
UNC Health Caldwell	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169 (phone) 828-757-5111 For radiology film only: Caldwell Memorial Hospital Radiology Department (fax) 828-757-5206; (phone) 828-757-5204
UNC Health Chatham	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804 Email: chathamreleaseofinfo@unchealth.unc.edu For radiology film only: Chatham Hospital Radiology Department (fax) 919-799-4601; (phone) 919-799-4600
UNC Health Johnston	UNC Health Johnston Health Information Management Attn: Release of Information PO Box 1376, Smithfield, NC 27577 (fax) 919-934-9266; (phone) 919-938-7705 Email: johnstonreleaseofinfo@unchealth.unc.edu For radiology film only: • *Smithfield Hospital Location* Johnston UNC Health Care Radiology Department 509 N. Brightleaf Blvd., Smithfield, NC 27577 (fax) 919-989-9795; (phone) 919-938-7190 • *Clayton Hospital Location* Johnston UNC Health Care Radiology Department 2138 NC Highway 42W, Clayton, NC 27520 (fax) 919-585-8462; (phone) 919-585-8450

UNC HEALTH

Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

UNC Health Lenoir	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
UNC Health Nash	Nash UNC Health Care Health Information Management 2460 Curtis Ellis Drive, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
UNC Health Pardee	Pardee Health Information Management Attn: Release of Information 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094 For radiology film only: Pardee UNC Health Care, Attn: Radiology 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1076; (phone) 828-969-1040
UNC Health Rex	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trail, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343 or 919-784-1472; (phone) 919-784-3158 Email: rexreleaseofinfo@unchealth.unc.edu For radiology film only: Rex Healthcare / Rex Hospital Radiology Department (fax) 919-784-3497; (phone) 919-784-3023
UNC Health Rockingham	UNC Rockingham Health Care Health Information Management 117 E Kings Hwy, Eden, NC 27288 (fax) 336-635-6899; (phone) 336-627-6194 Email: rockinghamreleaseofinfo@unchealth.unc.edu For radiology film only: UNC Rockingham Health Care Diagnostic Imaging 117 E Kings Hwy, Eden, NC 27288 (fax) 336-627-7687; (phone) 336-623-9711 x1712429
UNC Health Southeastern	UNC Health Southeastern Health Information Management 300 W 27th Street, Lumberton, NC 28358 (fax): 910-671-5349 (phone): 910-671-5539 For radiology film only: UNC Health Southeastern Medical Imaging Department (fax): 910-671-5209 (phone): 910-671-5054
UNC Health Wayne	Wayne UNC Health Care Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117 For radiology film only: Wayne UNC Health Care, Radiology Department 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (phone): 919-731-6013

UNC HEALTH

Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

UNC Hospitals	UNC Health Information Management Attn: Release of Information 600 Eastowne Drive, 3rd Floor, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu For radiology film only: UNC Hospitals Radiology Department (fax) 984-974-8814; (phone) 984-215-5759 Email: FILMmail@unchealth.unc.edu
UNC Physicians Network	Return directly to UNC Physicians Network Clinic