Patient Request for Access to Protect Health Information

Did you know you can also request, download and view your medical record online via MyChart? Go to www.novanthealth.org and click on the *Patients & visitors* tab to visit our MyChart page to learn more. There is no cost to you to obtain medical records via MyChart.

I am a patient of Novant Health and my information is listed below:

Patient Name:	Date of Birth:
Street Address:	Last 4 numbers of SSN:
City, State, Zip:	Telephone:
Email Address:	

I would like medical records from the following hospital(s) or clinic(s):

Please provide the specific location(s) if possible:

☐ **To be provided to myself**	☐ **To be provided to the following person/location:** Name of Facility, Person, Company:
	Address or PO Box:
	Phone Number:
	Fax Number:
	E-mail Address:
	Note: Records sent to another healthcare provider are free of charge. The patient is responsible for charges when records are sent to any other third parties.

CHOOSE ONE: I would like these dates of service to be released:

☐ Most recent visit ☐ Last 1 year of visits ☐ Last 3 years of visits ☐ Last 5 years of visits ☐ Other: _____ years of visits ☐ All visits

☐ Specific dates to be released: ______/______/______ to: ______/______/______
MM DD YYYY MM DD YYYY

CHOOSE ONE: I would like the parts of my record selected below to be released:

Option 1: ☐ **Hospital/Clinic Summary** (Abstract)
*includes all physician notes, orders and results from the location and dates of service indicated above.

Option 2: ☐ **Partial Record** (choose specific items below if you do not need the entire chart or abstract)

Physician Notes:
☐ All ☐ History & Physical ☐ Progress Notes ☐ Discharge Summary ☐ Operative/Procedure Notes
☐ Consultation Notes ☐ Office Notes ☐ ER Notes

Orders and Results:
☐ All ☐ Cardiac/EKG ☐ Laboratory ☐ Diagnostic Testing ☐ Radiology/X-ray ☐ Pathology

☐ **Medications**
☐ **Other:**

Option 3: ☐ **Entire Record** (not including psychotherapy notes)

Additional Options:

☐ **Billing Information**
☐ **Radiology Images (CD)** *CDs containing radiology images are separate from a medical records CD and separate charges apply.

I want these records released via (choose one):

☐ **MyChart** (no charge)	☐ **Fax** ($6.50/ea)
☐ **E-mail** ($3.50/ea)	☐ **Paper copy** (per page, postage/supplies and labor fees may apply)
☐ **CD/DVD** ($6.50/ea)	☐ **Other:**

Although Novant Health will use reasonable means to protect the security and confidentiality of e-mails sent and received, we cannot guarantee the security and confidentiality of all e-mail communications.

Novant Health clinics and hospitals may only be able to release a limited amount of records onsite. All other requests are processed by the Novant Health Enterprise Release of Information department. All associated fees are in accordance with state and federal guidance and are typically invoiced prior to release (varies by state). *Size limitations may apply to MyChart, E-mail and Fax.

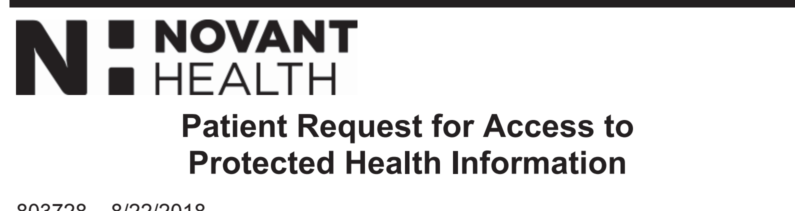
I understand that this is a full release which may include information related to mental health, substance abuse, genetic information, HIV/AIDS, and other sexually transmitted diseases. Please note it may take up to 30 days to process your request.

Signature: ______________________ Print Name: ______________________ Date: __________ Time: ________

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this for the patient. Identify the relationship/authority if signature is not that of the patient *(Supporting documentation is required)*:

☐ Healthcare Agent/POA ☐ Legal Guardian ☐ Executor/Administrator/Attorney in fact ☐ Parent ☐ Next of Kin ☐ Other: ________________________

If limited English proficient or hearing impaired, offer interpreter at no additional cost:
☐ Interpreter Accepted ______________________________________ ☐ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



Patient Request for Access to Protected Health Information

803728 8/22/2018

Name / MR # / Label