



## 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 #

**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.

**If you do not have a MyUNC Chart you may sign up for an account here: <https://myuncchart.org/mychart/>**

**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.

**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.

Signature of Patient	Date	Time
OR Signature of Authorized Representative	Date	Time
Printed Name of Authorized Representative	Phone Number of Authorized Representative	

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 or mail to the entity listed below (If only requesting film please send request to applicable facilities radiology department):**

<u>For:</u>	<u>Send to:</u>
UNC Health Appalachian	<p>Watauga Hospital            ATTN: Health Information Management Department            336 Deerfield Road, Boone, NC 28607            (fax) 828-265-5014; (phone) 828- 262-9581</p> <p>Cannon Memorial Hospital &amp; Appalachian Behavioral Health Hospital            ATTN: Health Information Management Department            PO Box 767, Linville, NC 28646            (fax) 828-737-7531; (phone) 828-737-7547</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): 828-580-6887</p>
UNC Health Caldwell	<p>Caldwell Health Information Management            Attn: Release of Information            321 Mulberry St SW, Lenoir, NC 28645            (fax) 828-757-5169 (phone) 828-757-5111</p> <p>For radiology film <u>only</u>:            Caldwell Memorial Hospital Radiology Department            (fax) 828-757-5206; (phone) 828-757-5204</p>
UNC Health Chatham	<p>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: <a href="mailto:chathamreleaseofinfo@unchealth.unc.edu">chathamreleaseofinfo@unchealth.unc.edu</a></p> <p>For radiology film <u>only</u>:            Chatham Hospital Radiology Department            (fax) 919-799-4601; (phone) 919-799-4600</p>
UNC Health Johnston	<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            Email: <a href="mailto:johnstonreleaseofinfo@unchealth.unc.edu">johnstonreleaseofinfo@unchealth.unc.edu</a></p> <p>For radiology film <u>only</u>:</p> <ul style="list-style-type: none"> <li>• <i>Smithfield Hospital Location</i>              Johnston UNC Health Care Radiology Department              509 N. Brightleaf Blvd., Smithfield, NC 27577              (fax) 919-989-9795; (phone) 919-938-7190</li> <li>• <i>Clayton Hospital Location</i>              Johnston UNC Health Care Radiology Department              2138 NC Highway 42W, Clayton, NC 27520              (fax) 919-585-8462; (phone) 919-585-8450</li> </ul>





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UNC Health Lenoir	<p>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</p>
UNC Health Nash	<p>Nash UNC Health Care Health Information Management            2460 Curtis Ellis Drive, Rocky Mount, NC 27804            (fax) 252-962-8291; (phone) 252-962-8130</p>
UNC Health Pardee	<p>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 film <u>only</u>:            Pardee UNC Health Care, Attn: Radiology            800 North Justice Street, Hendersonville, NC 28791            (fax) 828-696-1076; (phone) 828-969-1040</p>
UNC Health Rex	<p>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: <a href="mailto:rexreleaseofinfo@unchealth.unc.edu">rexreleaseofinfo@unchealth.unc.edu</a></p> <p>For radiology film <u>only</u>:            Rex Healthcare / Rex Hospital Radiology Department            (fax) 919-784-3497; (phone) 919-784-3023</p>
UNC Health Rockingham	<p>UNC Rockingham Health Care Health Information Management            117 E Kings Hwy, Eden, NC 27288            (fax) 336-635-6899; (phone) 336-627-6194            Email: <a href="mailto:rockinghamreleaseofinfo@unchealth.unc.edu">rockinghamreleaseofinfo@unchealth.unc.edu</a></p> <p>For radiology film <u>only</u>:            UNC Rockingham Health Care Diagnostic Imaging            117 E Kings Hwy, Eden, NC 27288            (fax) 336-627-7687; (phone) 336-623-9711 x1712429</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> <p>For radiology film <u>only</u>:            UNC Health Southeastern Medical Imaging Department            (fax): 910-671-5209 (phone): 910-671-5054</p>
UNC Health Wayne	<p>Wayne UNC Health Care Health Information Management            2700 Wayne Memorial Drive, Goldsboro, NC 27534            (fax) 919-587-2975; (phone) 919-731-6117</p> <p>For radiology film <u>only</u>:            Wayne UNC Health Care, Radiology Department</p>





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	2700 Wayne Memorial Drive, Goldsboro, NC 27534 (phone): 919-731-6013
UNC Hospitals	Mailing address only: UNC Health Information Management Attn: Release of Information 600 Eastowne Drive, 3 <sup>rd</sup> Floor, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: <a href="mailto:relmedinfo@unchealth.unc.edu">relmedinfo@unchealth.unc.edu</a>  Walk in drop off location only: UNC Hospitals Health Information Management 1101 Weaver Dairy Road, Suite 106 Chapel Hill, NC 27514  For radiology film only: UNC Hospitals Radiology Department (fax) 984-974-8814; (phone) 984-215-5759 Email: <a href="mailto:FILMmail@unchealth.unc.edu">FILMmail@unchealth.unc.edu</a>
UNC Physicians Network	Return directly to UNC Physicians Network Clinic

