

Patient Request for Access to Protected 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:

<input type="checkbox"/> To be provided to myself	<input type="checkbox"/> 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.
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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):

<input type="checkbox"/> MyChart (no charge)	<input type="checkbox"/> Fax (\$6.50/ea)
<input type="checkbox"/> E-mail (\$3.50/ea)	<input type="checkbox"/> Paper copy (per page, postage/supplies and labor fees may apply)
<input type="checkbox"/> CD/DVD (\$6.50/ea)	<input type="checkbox"/> 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)



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