North Carolina Specialty Hospital

REQUEST TO INSPECT OR COPY PROTECTED HEALTH INFORMATION

PATIENT:

_____ _____
Patient Name/Previous Name(s) Date of Birth

_____ _____
Street Address, City, State, Zip Code Phone Number

RELEASE MY PROTECTED HEALTH INFORMATION TO: ☐ Myself ☐ Individual Noted Below
Individual Name _____
Business Office (if applicable): _____
Street Address _____
City, State, Zip Code _____
Phone #_____Fax #_____

INFORMATION TO BE DISCLOSED

Date(s) of Service: _____

- ☐ History & Physical
- ☐ Progress Notes
- ☐ Discharge Summary
- ☐ Pathology Reports
- ☐ Operative Reports
- ☐ EKG Reports
- ☐ Laboratory Reports
- ☐ Other:_____
- ☐ Radiology Reports
- ☐ Verbal Information
- ☐ Consultations

_____

_____

_____

We may be prohibited from making certain information available to you or to your representative, including:
-Psychotherapy notes
-Information related to medical research in which you have agreed to participate
-Information related to legal proceedings
-Information obtained under a promise of confidentiality
-Information that federal or state laws prevent us from disclosing
-Information related to medical research in which you have agreed to participate
-Information for which the disclosure may result in harm or injury to your or to another person

This information is to be: ☐ Mailed ☐ Pickup ☐ Fax ☐ Inspect ☐ Other_____

Please choose format: ☐ Paper Copy ☐ Electronic Media

YOUR RIGHTS WITH RESPECT TO THIS REQUEST:
Within the limitations of law, we will make every effort to accommodate your request. We will complete our review of your request and as requested either provide a copy or arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

_____
Printed Name of Patient

_____ _____
Signature of Patient or Legal Representative/Relationship Date

Mailing Address: (INSERT ADDRESS)_____ **or Fax INSERT FAX #** _____

Upon completion mail request to: NCSH PO Box 15819, Durham, NC 27704 Attention: Medical Records,
Fax # 919-287-3237 or email to Jamie Pendergrast: jamie.pendergrast@ncspecialtyhospital.com