

2304 Wesvill Court, Suite 320
Raleigh, NC 27607
T 919-825-3902
F 919-825-3910



1303 Carthage Street
Sanford, NC 27330
T 919-292-2468
F 919-292-2167

Request for Practice to Release Medical Records

Page 1 of 2

Date: _____ Medical Record Number (to be filled in by practice): _____

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Cell: _____ Email: _____

**I, (Name) _____, hereby authorize
Spine & Pain Associates, PLLC to release the following information:**

- | | |
|---|---|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Consultation Notes |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Office Visits |
| <input type="checkbox"/> Hospital Records | <input type="checkbox"/> Procedure Notes |
| <input type="checkbox"/> Emergency Department Records | <input type="checkbox"/> Surgery/Operative Reports |
| <input type="checkbox"/> Pathology/Lab Reports | <input type="checkbox"/> Radiology Reports (Ultrasounds, X-rays, MRI, CT scans) |

Dates of Service for Requested Release:

- All Dates
 Date Range: _____ to _____

Please Send a Copy of my Medical Records to:

Physician/Provider Name: _____

Medical Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

continued

Request for Practice to Release Medical Records

Reason for Release:

- Moving out of the area
- Transfer of care/leaving the practice
- Ensure continuity of care provided by your other providers (e.g. surgeon, primary care provider, physical therapist, rheumatologist, etc.)
- Personal
- Legal
- Other: _____

Patient Name: _____ Date: _____

Signature: _____

Please note: For security reasons, Spine & Pain Associates, PLLC will either mail or fax your medical records as requested. We will not send them by email.

Release of medical records takes 5-7 days for processing. There may be a \$10 fee to cover the cost of staff time. Additionally, if you request printed records then the cost will be:

- \$10 for up to 25 pages
- Additional \$0.25 per page for pages 26+

Copying Medical Records (in North Carolina)

Pages 1 - 25	\$0.75 per page
Pages 26 - 100	\$0.50 per page
Pages 100+	\$0.25 per page
Minimum charge	\$10.00

Electronic Copy of Designated Record Set within Medical Records Requested Under HIPAA: \$6.50