3840 Ed Drive, Suite 111
Raleigh, NC 27612
919-825-3902

1303 Carthage Street
Sanford, NC 27330
919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better

www.spineandpainassociates.com • Fax 919-292-2167

959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

Request for Practice to Release Medical Records

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:

- ☐ All Records
- ☐ Discharge Summary
- ☐ Hospital Records
- ☐ Emergency Department Records
- ☐ Pathology/Lab Reports
- ☐ Consultation Notes
- ☐ Office Visits
- ☐ Procedure Notes
- ☐ Surgery/Operative Reports
- ☐ 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

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