

**EASTERN CAROLINA
MEDICAL CENTER**

**MEDICAL RECORDS
REQUEST**

Patient's Full Name: _____
Any Other Names Patient May Be Listed As: _____
Address: _____
City, State, Zip: _____
Date of Birth: _____

I hereby request the following medical records in the possession of the provider:

FROM: (name)	TO: Eastern Carolina Medical Center
(address)	One Medical Drive
(address)	Benson, NC 27504
Phone:	Phone: (919) 894-5787
Fax:	Fax: (919)

Please check: (Within the last 2 years unless specified)

- | | |
|---|--|
| <input type="checkbox"/> Complete Medical Record | <input type="checkbox"/> Emergency Reports |
| <input type="checkbox"/> Clinic Notes | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Pap Smear Results |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Mammogram Reports |
| <input type="checkbox"/> Ultrasound/X-Ray Reports | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Other: _____ | |

For dates of treatment: (for example: specific date, range of dates, all dates of service)

Please initial if you do not want any of the following released:

- Acquired Immunodeficiency Syndrome (AIDS)
 Human Immunodeficiency Virus (HIV)
 Behavioral Health Services/Psychiatric Care
 Treatment for alcohol and drug abuse
 Other: _____

The purpose of the disclosure is:

Continued patient care Other: _____

Are you leaving the practice? No Yes (if yes, reason) _____

This request is valid for 6 months from date of the above signature. I understand that I may change my mind and revoke this Medical Records Request in writing at any time. I understand that changing my mind will not affect my treatment. The revocation will not apply to the extent that Eastern Carolina Medical Center has already taken action where it relied on my permission. Once the information is released, it may no longer be protected by federal privacy regulations.

Patient Date

Legal Representative (Relationship to Patient)

Witness Date