

**NHCQ**  
**REQUEST FOR COPY OF MEDICAL RECORDS**

The Medical Records Department **will provide one (1) free copy** of your medical record.

**ANY ADDITIONAL COPIES REQUIRE A CHARGE OF \$13.15 PROCESSING FEE PER QUARTER-HOUR AND \$.13 PER PAGE THEREAFTER.**  
**(THIS DOES NOT APPLY TO REQUESTED UPDATES FROM YOUR ORIGINAL REQUESTED COPY)**

Date \_\_\_\_\_

Sponsor Rank and Full Name \_\_\_\_\_ Full SSN# \_\_\_\_\_  
Rank Last First DOB: \_\_\_\_\_

Please make copies for (Check all that apply)

- } Sponsor
- } Dependent(s) print NAME(S) AND D.O.B.'s of dependents (DD 2870) \_\_\_\_\_

Requesting copies of

1.  } Complete Medical Record to Include AHLTA (ALL computer encounters)
  - a.  } EAS - Date of EAS \_\_\_\_\_
  - b.  } Retirement - Date of Terminal or Retirement \_\_\_\_\_
  - c.  } Transferring to Civilian Doctor
  - d.  } Personal Copy
  
2.  } AHLTA **ONLY** (2005-current computer encounters)
  - a.  } PCS/TAD - Print current physical, labs & immunizations
  - b.  } Update from last request date \_\_\_\_\_
  - c.  } Specific request \_\_\_\_\_
  - d.  } Personal

Upon completion contact me at the following (Check and complete all that apply)

} \_\_\_\_\_  } \_\_\_\_\_  
Tele # Work/Home/Cell E-Mail Address: (**PRINT CLEARLY**)

} Or please forward my copies to the following address:

I understand it may take up to 30 business days to process my copy request. This copy does not include behavioral health notes. All records will only be released following guidelines of the Federal Privacy Act of 1974. A DD2870 Authorization form is required by law to be able to pick up records for a spouse and children 18 years and older.

\_\_\_\_\_  
Requestor's Signature

\*OFFICE USE ONLY:  
Person taking request \_\_\_\_\_ Person entering into Data Base Sheet \_\_\_\_\_ Person making copy \_\_\_\_\_

**\*\*\*\*TO BE COMPLETED WHEN PICKING UP COPY\*\*\*\***

\*{ } I HAVE RECEIVED MY REQUESTED COPIES \_\_\_\_\_  
Receiver's Signature Date

\*{ } I HAVE REQUESTED MY COPY TO **BE MAILED** TO THE ADDRESS STATED ABOVE \_\_\_\_\_  
Receiver's Signature Date