

NAVAL HEALTH CLINIC QUANTICO

REQUEST FOR COPY OF MEDICAL RECORDS

The Medical Records Department is glad to provide you with one (1) copy of your medical record. **Any additional copies will require a copy charge.**

Please **INITIAL** beside each statement to acknowledge that you understand the terms.

_____ **30 DAYS TO PROCESS:** Your record will be copied within 30 business days of your request.

_____ **30 DAYS TO PICK – UP:** You will be notified when your copy request is ready for pick –up. You will have 30 days to either retrieve your record copies or contact medical records for an alternate pick – up date. After which the record copies will **NO LONGER BE AVAILABLE.**

Please provide as much contact information to ensure timely processing

Name of Patient(s): _____ Date _____

Sponsor Name: _____ Sponsor SSN: _____ - _____ - _____

Rank of Sponsor: _____

Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Please indicate the best way to be contacted: (CIRCLE ALL THAT APPLY): Home Phone / Work Phone/ E-mail

Signature of Patient, Parent or Guardian: _____

*OFFICE USE ONLY: Person Taking Request: _____ Person making copy: _____

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I have received a copy of health record.

Signature: _____

Date: _____

NOTE: RECORDS WILL ONLY BE RELEASED FOLLOWING GUIDELINES OF THE FEDERAL PRIVACY ACT OF 1974.

*M/R USE ONLY: Authorization? YES NO