

Instructions for Completing DD Form 2870 to Request Copies of Records

1. The attached DD Form 2870, Authorization for Disclosure of Medical or Dental Information, serves as the mechanism for beneficiaries to request copies of their medical record. All blocks must be completed in their entirety.
2. To complete the DD Form 2870, please follow the below instructions:

Block 1: Patient's name

Block 2: Patient's Date of Birth

Block 3: Sponsor's SSN or DoD ID number (located on the back of sponsor's CAC card). However, the individual DoD ID is for the recipient if over 18 years old.

Block 4: Indicate the dates of treatment that the patient wants copied (or put "all time periods").

Block 5: If the patient is requesting only regular outpatient information, mark the block for "Outpatient."

Block 6: Naval Medical Center San Diego

Block 6a: Name of the individual authorized to access medical record (can be the patient, or another person named by the patient).

Block 6b: ****Email Address must be included and clearly written**** Also, include mailing address of patient.

Block 6c: Phone number of patient listed in Block 6a

Block 7: Mark as appropriate

Block 8: If an entire copy of the regular outpatient medical record is required, write, "Copy entire medical record." If sensitive documentation is required, i.e., copy of Behavioral Health/Psychiatric Record, drug screens, **HIV for active duty**, etc., ensure you make the request "include all sensitive documents" or "include all sensitive documents to include HIV" when making the request. In addition, mention you wish to include historical documents if you have physical folders on shelf: this typically would occur before 2005. Note: sensitive information **will not** be provided if it is not specified.

Block 9: Authorization start date will be the date form completed

Block 10: Authorization expiration – same date as Block 9 plus 1 year

Block 11: Patient signs in this block

Block 12: Either put "self" if you are the patient, or whatever your relationship is to the patient.

Block 13: Date the form the day it is brought, sent, or mailed.

Block 17: Please provide the information requested for Sponsor Name, Rank, Sponsor's SSN or DoD ID, Branch of Service and Phone Number.

3. After completing this form, please turn the form in at the Outpatient Records Counter, window 1, Monday through Friday from 7:00 AM – 4:00 PM, Fax at 619-532-7755 or mailed to:

Attn: Medical Records Transfer

Naval Medical Center-Records Transfer

34800 Bob Wilson Drive, Suite 114

San Diego, CA 92134-114

If anyone other than the patient is bringing the form to NMCSO Outpatient Records, the patient must provide a photocopy of their military ID card and their state issued driver's license (if applicable) to the individual who is turning in the form. That individual will present this identification to Medical Records Personnel when requesting the copies.

4. Your medical records will be emailed to you from Safe Access File Exchange (SAFE). The email will be sent from no-reply@amrdec.army.mil. The subject will be ARMDEC Safe Access File Exchange Delivery Notice. The email may come to your inbox, junk mail, or spam folder. Ensure you check all boxes to see if find the email. You will click on the website link and copy and paste the password from the email. Access to your medical records will only be available for **10 Days** from the date the email was sent to you. **Note: the password may only be used one time. Also, do not open this document on a phone or tablet computer.**

Example:

File Description: Medical Records ICO John Doe.

Package ID: 8075439

The file(s) will be available at:

<https://safe.amrdec.army.mil/safe/pickupfiles.aspx?id=8075439>

Until: 12/15/2016

The password is 744M222jx*s%bZ#

NOTE: This password can only be used ONCE.

5. If you have any questions or concerns, please contact the front desk at NMCSO at the General Help Desk at (619) 532-8102 to check on the status of your request. Please allow at least 10 business days before contacting Records Transfer on the status of your request.