



# Request for Access to Personal Health Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I would like a copy of my health information for personal use – I understand I may be charged a fee.
- I would like for my health information to be provided to a third party – I understand I may be charged a fee

Name of third party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

We reserve the right to charge for medical record requests in accordance with the fee structure as set forth in the North Carolina state statute. You will be responsible for paying this fee prior to mailing or pick-up of any printed/paper records. By signing this authorization, you are agreeing to pay Vision Dermatology for your records. There are no fees associated with electronic records.

### Records to be included in this request:

- Complete Medical Record       Billing       Consult Notes
- Mohs Notes       Progress Notes       Pathology
- Photos (please specify): \_\_\_\_\_
- Other: \_\_\_\_\_

### Select the format you would prefer:

- PAPER:**       **ELECTRONIC:**       **FAX NUMBER:**
- Mail to designated address       Patient Portal       \_\_\_\_\_
- Will pick up at Vision Derm       Email\*: \_\_\_\_\_

\* For **email communication**, I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. By providing my email address I elect to receive email communication as requested.

You will receive notification regarding this access request no later than 30 days from the date received. There are limited circumstances in which your request may be denied, some of which you may have the right to request a review of the decision.

\_\_\_\_\_  
Signature of Patient or Personal Representative (attach necessary documentation)      Date

This must be filled out for each records request.

### Office Use Only:

Records Sent      Date: \_\_\_\_\_      Initials: \_\_\_\_\_

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