



10208 Cerny Street - Suite 308 | Raleigh, NC 27617 | P 919-797-0550 | F 919-381-4621

REQUEST FOR PRACTICE TO RELEASE MEDICAL RECORDS

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Date: _____ Medical Record Number (to be filled in by practice): _____

Patient Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I, (NAME) _____, hereby authorize Sentinel Primary Care to release the following information:

- All Records
- Office Visits
- Pathology Lab Reports
- Surgery/Operative Reports

Dates of service for requested release:

- All dates
- Date Range: _____ to _____

Please send a copy of my medical records to:

Physician Name: _____ Medical Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

Will you be returning to Sentinel Primary Care? Yes No

SENTINEL PRIMARY CARE
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Reason for Release:

- Moving out of the area
- Transfer of care/leaving the practice
- Ensure continuity of care provided by your other providers (e.g. gynecologist, rheumatologist, etc.)
- Personal
- Legal
- Other

Patient Name: _____ Date: _____

Patient Signature: _____

Please note: For security reasons, Sentinel Primary Care will mail or fax your medical records as requested. We will not send them by email.

Release of medical records takes 7-10 days for processing. There is a \$10 fee to cover the cost of staff time. Additionally, if you request printed records then the cost will be:

Copying Medical Records (in North Carolina):

- \$0.25 per page
- Minimum charge: \$10.00
- Electronic Copy of Designated Record Set within Medical Records Requested Under HIPAA: \$6.50