



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

### REQUEST FOR SENTINEL PRIMARY CARE TO RELEASE MEDICAL RECORDS

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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> All Records           | <input type="checkbox"/> Office Visits             | <input type="checkbox"/> Radiology Report (Ultrasound, MRI, Cat Scan, DI) |
| <input type="checkbox"/> Pathology Lab Reports | <input type="checkbox"/> 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

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: \_\_\_\_\_

Revocation/Expiration: This authorization can be revoked at any time unless the provider named above has already acted on upon your request. All requests must be in writing, signed and dated. I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected the federal privacy law.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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