UNC HEALTH CARE

Authorization to Use or Disclose Protected Health Information (PHI)

HIM# 710s

Patient's Name (print)		*Date of Birth*	
Patient's Address	*City*	*State*	*Zip*
Phone #		*Medical Record # (if known)*	

I AUTHORIZE THE RELEASE OF MY PHI FROM:

Name of UNC Health Care Hospital, Clinic, Entity or UNC Physicians Network Clinic that may release my PHI:

I AUTHORIZE THE RELEASE OF MY PHI TO:

Name of Person, Organization, or Facility

Street Address (including city, state, and zip code)

Phone Number	*Fax Number*

Records To Be Released If specific dates only, list dates: _____

(*Check all that apply*)

- ☐ Clinic Notes (outpatient)
- ☐ Emergency Dept. Notes
- ☐ Urgent Care Center Notes
- ☐ History and Physical
- ☐ Discharge Summary
- ☐ Operative/Procedure Notes
- ☐ Provider Orders
- ☐ Radiology Reports
- ☐ Consultations
- ☐ Laboratory Reports
- ☐ Other (describe in detail):
- ☐ Progress Notes (inpatient)
- ☐ Patient Billing Records
- ☐ Film/CD (Imaging Support)
- ☐ All My Medical Records
- ☐ Nursing Notes

I further authorize the release of the following information which may be included in my PHI:

- ☐ Mental Health/Psychiatric Treatment
- ☐Alcohol or Substance Abuse Treatment
- ☐ STD/HIV/AIDS Treatment(s) or Test(s)
- ☐ Genetic Testing

Purpose of the Request *(check one)*

☐ Billing or Insurance ☐ Treatment/Continued Patient Care ☐ Personal ☐ Legal ☐ Other: _____

Delivery Method *(check one)*

- ☐ Mail to patient's address listed above
- ☐ Review or pick up in HIM Department
- ☐ Fax to # listed below (*Health care providers only, no personal faxes*)

Print Fax #: _____

- ☐ Receive electronically via email (*check one and print email address*)
- ☐Unsecure/unencrypted*
- ☐ Secure/ encrypted *(may be size limitations)*

Email: _____

*communication by unencrypted email presents a risk that personally identifiable information contained in the email, may be intercepted by unauthorized third parties

- ☐ Release to web portal via My UNC Chart in electronic format.

(Access will only be available for 30 days; you may print and/or save a copy for personal use) ******This option is only available for records that were created in Epic.

If you do not have a MyUNC Chart you may sign up for an account here: https://myuncchart.org/mychart/

Expiration

Unless previously revoked, this Authorization will expire on the following date, event or condition: (*list date, event or condition*)_____. If I fail to specify an expiration date or event or condition, this Authorization shall remain in effect for **one (1) year** from the date I sign it.

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I hereby release UNC Health Care System and its affiliates and employees from any and all liability that may arise from the release of my PHI in accordance with this Authorization.

I have the right to revoke this Authorization at any time if I do so in writing and address it to the person or institution named above. The revocation will not apply to any information already released as a result of this Authorization.

I may refuse to sign this Authorization, and I cannot be denied or refused treatment if I refuse to sign.

My refusal to sign this Authorization will not affect my treatment, payment, enrollment or eligibility for benefits or the quality of care I receive.

Once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy laws and could be re-disclosed by the person or agency that receives it.

I am aware that I may be charged a fee for this request as allowed by law.

My signature on this Authorization indicates that I am giving permission for the use or disclosure of the PHI described above.

Signature of Patient	*Date*	*Time*
OR Signature of Authorized Representative	*Date*	*Time*
Printed Name of Authorized Representative	*Phone Number of Authorized Representative*	
Explain Representative's authority to act on behalf of the Patient:		

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Please send your completed Authorization to Use or Disclose Protected Health Information (PHI) Form by fax or mail to the entity listed below (If only requesting film please send request to applicable facilities radiology department):	
For:	**Send to:**
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu
UNC Hospitals Radiology Department	(fax) 984-974-8814; (phone) 984-974-9362 Email: FILMmail@unchealth.unc.edu
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158
Rex Healthcare / Rex Hospital Radiology Department	(fax) 919-784-3497; (phone) 919-784-3023
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169; (phone) 828-757-5100
Caldwell Memorial Hospital Radiology Department	(fax) 828-757-5206; (phone) 828-757-5204
Chatham Hospital	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804
Chatham Hospital Radiology Department	(fax) 919-799-4601; (phone) 919-799-4600
UNC Physicians Network	Return directly to UNC Physicians Network Clinic
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (phone) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194