



Instructions for Completing the Patient Request for Access Form

To request health information for yourself or for your healthcare provider, you can submit a request via our MyAtriumHealth Patient Portal or you can submit a completed Patient Request for Access Form by following the instructions listed below:

Patients/Representatives need to carefully read and complete every section prior to signing and dating the form to ensure validity and completeness.

1. Patient Information:

Please fill out all patient information that is listed (Name, Date of Birth, Street Address, City, State, Zip Code, Telephone and Email address).

2. I would like for:

List the name of what hospital, doctors office or other healthcare center(s) you were treated at that will be releasing the medical records. You may also list the provider's name that treated you.

3. Give me a copy AND/OR Send a copy to:

A. Check the first box if you want to receive a copy of your health information

B. Check the second box if you want someone else to receive a copy of your health information.

List the name, address, fax number and phone number of the physician or person to whom you want your health information sent to.

C. Check both boxes if you want to receive a copy of your health information as well as have a copy sent to someone else.

4. Records to be released:

A. Please list the **dates of service** of the records you want released. (Dates the patient was in the hospital or seen at the doctor's office or clinic.)

B. Then select the parts of the medical record you are requesting. If you were treated at a hospital facility - select from the Facility checklist. If you were treated at a doctor's office or clinic - select from the Office/Clinic checklist. If you are requesting records from both a hospital facility and a doctor's office or clinic select from both checklists.

C. Select how you want to receive or how the information should be sent: CD, paper or electronic.

5. Authorize:

Please print your name, sign and date the form to confirm the release of medical information requested.

Please note - typed signatures are not accepted.

If the patient lacks legal capacity or is unable to sign, an authorized representative may sign for the patient.

(Please note written proof may be requested).

Please note that a fee may be charged for copying the records.

6. Obtaining your medical record:

A. For access to medical records you may submit your completed form one of many ways:

Via email: MedicalRecordsROI@atriumhealth.org, Fax: 704-446-6037, or

Mail: PO Box 32861 Charlotte, NC 28232.

B. You may call 704-667-9500 or 844-383-2109 for further assistance.