



## Request for Release of Electronic Protected Health Information

**Please complete this form and return it and any supporting materials to the North Carolina Health Information Exchange Authority (NC HIEA). Please type or print clearly so that your request can be processed in a timely manner.**

Patients may request an electronic copy of their health information that is available through NC HealthConnex, North Carolina's health information exchange operated by the North Carolina Health Information Exchange Authority (NC HIEA). NC HIEA does **not** provide paper copies of patient health information. In order for the NC HIEA to review and process your request, you must also include a scanned copy of a government-issued photo identification, such as a driver's license, passport, or identification card.

If you want to request protected health information, please complete this form and return it and supporting materials to the NC HIEA via email at [hiea@nc.gov](mailto:hiea@nc.gov) or via regular mail to: North Carolina Health Information Exchange Authority; Mail Service Center 4101; Raleigh, NC 27699-4101. You will receive a response to the request within 30 days. Please call (919) 754-6912 if you require assistance or have questions.

### **Patient Contact Information** (Information should appear as it does on your identification)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Names: \_\_\_\_\_

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

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

#### Previous Address Information

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

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

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

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

Identification Provided:  License |  State ID |  Passport |  Other: \_\_\_\_\_

Share information with requesting patient at email address identified above.

**Requested Format for Health Information:**  PDF |  Other: \_\_\_\_\_

Additional instructions: \_\_\_\_\_  
\_\_\_\_\_

**Permission to Share:** I give my permission to the NC HIEA to share electronic protected health information (ePHI) with the person or entity identified below. *Please complete this section only if you are directing the NC HIEA to share the patient's protected health information with someone other than the individual identified in the section above.*

Name: \_\_\_\_\_

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

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

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

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



**I understand and agree that:**

- The NC HIEA cannot control how you or the recipient of data uses or shares any information provided as a result of this Request for Release. Federal and state laws that protect your information held within NC HealthConnex will not protect information once it has been released to you or the identified recipient.
- This authorization is voluntary.
- I may cancel this authorization at any time by submitting a written request to the NC HIEA, except if the information has already been released.
- The NC HIEA can only provide data for care providers and entities who send data to NC HealthConnex. Data provided pursuant to this request is provided “as is” and “as available” without any warranty of any kind, express or implied, including, but not limited to, the implied warranties of merchantability, fitness for particular purpose, and non-infringement.
- The NC HIEA generally provides patients (requestors) with a consolidated Continuity of Care Document, which includes information about care delivered by any health care provider who is connected to NC HealthConnex.
- Pursuant to North Carolina law, if you are filling out this form for your child or a minor you have legal guardianship over, records related to the following conditions will not be provided (to the extent such information can be separated by NC HIEA): (i) infectious diseases, including sexually transmitted diseases, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) behavioral health conditions. See [N.C.G.S. § 90-21.5](#).
- If I erroneously receive data concerning another person that I am not authorized to see, I will contact the NC HIEA immediately. I will not review or share information received in error with anyone else and I shall assist the NC HIEA in destroying copies of that data.
- The NC HIEA does not provide medical care or create medical records. The NC HIEA does not have a provider-patient relationship with any individual and cannot change Protected Health Information within an individual’s health record or within NC HealthConnex. If I need to amend information from a provider’s record that exists within NC HealthConnex, then I will contact that health care provider.
- I have had the opportunity to contact the NC HIEA with questions I might have.

**Signature of Patient:** \_\_\_\_\_

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

When records are requested for a minor or an individual who is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

**Signature of Legal Representative:** \_\_\_\_\_

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

Relationship to Patient:

Parent/Guardian  Caregiver with authority to make healthcare decisions

**NC HIEA Office Only:** This section must be completed before sending PHI via encrypted email.

Reviewer: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date PHI Sent to Requester: \_\_\_\_\_