

Patient Request for Health Information

This form is intended for the patient's use and not intended to replace OCHD's third party Authorization Form

Onslow County Health Department (OCHD)

910-347-2154(phone)

ochd-medicalrecords@onslowcountync.gov (email) or (fax) 910-347-0728

PATIENT INFORMATION			
Full Name (First Middle Last)			
Name at Time of Service (if different than above)			
Birth Date (MM/DD/YYYY)		Last 4 of SSN	
Complete Mailing Address:			
Cell (xxx-xxx-xxxx):	Home (xxx-xx-xxxx):	Work (xxx-xx-xxxx):	

I want OCHD to provide information to: Self Recipient (individual or practice) indicated below

Recipient Name (individual or practice):		
Recipient Complete Mailing Address:		
Recipient Phone:	Recipient Fax:	*Email (if applicable):

*I understand that my email address is needed **only** if I wish to have my medical records containing protected health information (PHI) sent by email. I have read and understand the risks outlined in the Guidelines for Emails on page 2.

I want these dates of service released: _____
From (mm/dd/yyyy) To (mm/dd/yyyy)

I want these records released (check appropriate boxes below):

Program records to be released <i>(Check all that apply)</i> <input type="checkbox"/> Adult Health <input type="checkbox"/> Health Promotions <input type="checkbox"/> Child Health <input type="checkbox"/> BCCCP <input type="checkbox"/> Family Planning <input type="checkbox"/> GYN <input type="checkbox"/> Immunizations <input type="checkbox"/> Maternity <input type="checkbox"/> STD <input type="checkbox"/> TB	<i>(check all that apply)</i> <input type="checkbox"/> Summary of care <input type="checkbox"/> Office notes <input type="checkbox"/> Lab reports <input type="checkbox"/> include STD/HIV <input type="checkbox"/> exclude STD/HIV <input type="checkbox"/> Radiology reports <input type="checkbox"/> Medications <input type="checkbox"/> Records from other providers used to make decisions about my healthcare <input type="checkbox"/> Immunization Records <input type="checkbox"/> Proof of COVID-19 Vaccination(s) <input type="checkbox"/> Itemized bill
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I want these records delivered by (choose one)	
<input type="checkbox"/> Mail to address above	<input type="checkbox"/> Email to address above <i>(see Guidelines for Email)</i>
<input type="checkbox"/> Fax to number above (depended upon fax size)	<input type="checkbox"/> Patient Portal (if already signed-up for portal with OCHD)
In-Person Pickup with Photo ID by: <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	

NOTE: Your request will be processed as quickly as possible, however may take up to 30 days.

 Printed Patient Name or Personal Representative

 Relationship to Patient

 Signature of Patient or Legal Representative

 Date

Onslow County Health Department Guidelines for Emails

Onslow County Health Department (OCHD) values and respects the privacy and security of our clients, and we work hard to protect our clients and keep their information safe while it is in our control. You have asked that OCHD communicate with you by email. We are providing you with these Guidelines, so you understand the risks and benefits of email communication, including if you are asking for communication by unencrypted emails.

Before we begin, remember email is not a substitute for personal treatment or other medical care. OCHD cannot guarantee that emails will be read and responded to within any particular timeframe. It is your responsibility to follow-up with the recipient and/or schedule an appointment, if needed. You should never use email for medical emergencies or other time-sensitive matters. Contact your provider in person or by phone or call 911 in an emergency.

We reserve the right to direct you to communicate with us through our secure patient portal if you signed up for our patient portal. For more information, please call 910-347-2154.

There are risks with communicating over the Internet or using email. There is no guarantee of confidentiality when communicating by email. You are responsible for taking those risks, a few of which are listed below:

- Emails can be intercepted, changed, forged, forwarded, stored, or used without your permission or knowledge.
- Email can be immediately broadcast worldwide and/or posted on the internet or other public networks.
- Emails can be accidentally misdirected, and senders can easily send an e-mail to the wrong address.
- Employers and online services may have a right to store and read emails sent through their systems.
- Email can be used to send viruses, malware, or other harmful codes into computer systems.
- Unencrypted emails are not as secure as encrypted emails. Please be advised that email from OCHD will be sent to you encrypted in a secure email. If you request otherwise, then you are agreeing that you understand and accept the risks of doing so.

You are responsible for the privacy and security of your communications, your email accounts, and your devices. You might consider:

- Taking steps to keep emails private, such as using screen savers and not telling others your computer password.
- Limiting or avoiding use of computer and WiFis that are not under your control to communicate private information, such as those provided at internet cafés or libraries.
- Protecting your password or other means of access to email and limiting who can access your accounts.

If you choose to email with Onslow County Health Department, you agree to do the following:

- Provide us with an accurate email address and notify us in writing if it changes.
- Put your name in the body of the email so we know who is sending it.
- Put general information in the email's subject line for routing purposes (such as 'billing question' or 'medical record').
- Send us a reply message or delivery receipt when we email you, so we know you have received it.

There may be limits on what we provide you in email. For example, OCHD may not be able to honor requests to email sensitive information, such as sexually transmitted diseases, HIV/AIDS, mental health, developmental disability, or substance abuse.

We may also place your email communications in your medical record. We may also forward them to other providers involved in your care or to our staff and agents as necessary for treatment, payment, or operational purposes.

In asking us to email you, you understand and agree that OCHD is not responsible for the security and confidentiality of email communications once it leaves our control, including what you do with the information, what happens to the information both in transit and upon arrival, and who else sees the information. You agree to waive and release OCHD, our locations, commissioners, officers, employees, agents, and representatives from all claims, liability, damages, costs and fees relating to the emailing of your information, including unauthorized access or other issues related to choices you have made or direction you have given us.

These Guidelines may be updated from time to time.
www.onslowcountync.gov/health
or contact Medical Records at 910-347-2154