



# Release of Medical Information

**Rocky Mount Family Medical Center**  
**804 English Rd, Suite 100 Rocky Mount, NC 27804**  
**Phone: 252-443-3133 Fax: 252-443-6726**

I, \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_, hereby authorize Rocky Mount  
 (Please Print: Patient First and Last Name) (Date of Birth)

Family Medical Center and their staff to **RELEASE**  or **OBTAIN**  my protected health information to/from:  
 (Please Check One Box Only)

<b>Facility Name/Clinician/Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Fax</b>	

## Information Being Released

- Complete Medical Record
- Medical Records from \_\_\_\_\_ to \_\_\_\_\_
- Partial Record - Info Requested \_\_\_\_\_

Media Type:  Paper  CD  Electronic

Delivery Preference:  Fax  US Mail  Pick Up  E-mail: \_\_\_\_\_

## Patient Rights – I understand that

1. I can cancel my permission at any time. I must cancel in writing and send or deliver cancellation to releasing facility or Generations Family Practice. Any cancellation will apply only to information not yet release by facility or practice.
2. This is a full release including information regarding alcohol/substance abuse (in compliance with 42 GFP, Part 2), genetic testing, mental health, HIV/AIDS & other sexually transmitted diseases unless indicated above.
3. Generations Family Practice will not share or use my health information without my permission other than listed in the Generations Family Practice Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at generationsfamilypractice.com.
4. A fee may be charged for providing my protected health information by releasing facility/clinician.

**§ 90-411. Record copy fee.** A health care provider may charge a reasonable fee to cover the costs incurred in searching, handling, copying, and mailing medical records to the patient or the patient's designated representative. The maximum fee for each request shall be seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26 through 100, and twenty-five cents (25¢) for each page in excess of 100 pages, provided that the health care provider may impose a minimum fee of up to ten dollars (\$10.00), inclusive of copying costs. If requested by the patient or the patient's designated representative, nothing herein shall limit the reasonable professional fee charged by a physician for the review and preparation of a narrative summary of the patient's medical record. Charges for medical records and reports related to claims under Article 1 of Chapter 97 of the General Statutes shall be governed by the fees established by the North Carolina Industrial Commission pursuant to G.S. 97-26.1. This section shall not apply to Department of Health and Human Services Disability Determination Services requests for copies of medical records made on behalf of an applicant for Social Security or Supplemental Security Income disability. (1993, c. 529, s. 4.3; 1993 (Reg. Sess., 1994), c. 679, s. 5.5; 1995 (Reg. Sess., 1996), c. 742, s. 36; 1997-443, ss. 11.3, 11A.118(b); 2019-191, s. 42.)

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_