

REQUEST FOR VIETA DERMATOLOGY, PLLC TO RELEASE MEDICAL RECORDS

Page 1 of 2

Medical Record Number: (to be filled in by practice) _____

Patient Name: _____ DOB: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

I, (NAME) _____, hereby authorize Vieta Dermatology, PLLC to release the following information:

- All Records
- Surgery/Operative Reports
- Pathology/Lab Reports
- Radiology Reports
(Ultrasounds, X-rays, MRI, CT scans)
- Consultation Notes
- Office Visit Notes
- Procedure Notes

Dates of service for requested release:

- All Dates
- Date Range _____ to _____

PLEASE SEND A COPY OF MY MEDICAL RECORDS TO:

Physician/Provider Name: _____

Medical Practice Name: _____

Address: _____

Fax Number: _____

Reason for Release:

- Moving out of the area
- Transfer of care/leaving the practice
- Ensure continuity of care provided by your other providers
(e.g. primary care provider, referring physician, surgeon, rheumatologist, etc.)
- Personal
- Other: _____

Signature of patient or of individual authorized to act on patient's behalf:

Printed Name: _____ Date: _____

Please Note: For security reasons, Vieta Dermatology, PLLC will either mail or fax your medical records as requested. We will not send them by email.

Release of medical records takes 5-7 days for processing. There may be a \$10 fee to cover the cost of staff time. Additionally, if you request printed records then the cost will be:

- \$10 for up to 25 pages
- Additional \$0.25/page for pages 26+

Copying Medical Records (in North Carolina)

Pages 1 - 25: \$0.75 per page

Pages 26 - 100: \$0.50 per page

Pages 100+: \$0.25 per page

Minimum charge: \$10.00

Electronic Copy of Designated Record Set within Medical Records Requested Under HIPAA: \$6.50