Seacoast Direct Primary Care

118 Portsmouth Ave Bldg A Ste.
#201Stratham, NH 03885

Phone 603-379-2844 Fax 603-379-2860

Request for Medical Records

Patient's Name: _____

Address: _____

Telephone: _____ **Date of Birth**: _____

☐ **Records to be sent to** ☐ **Records to be received from**

Provider's Name: _____

Provider's Address: _____

Provider's Phone: _____ **Provider's Fax**: _____

I hereby request that the Practice provide me a copy of the "Requested Information" checked below.

_____ All Medical Records

_____ Test Results for: _____

_____ Other: _____

I am interested in obtaining a copy of the "Requested Information" relating to the time period:
_____

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, genetic information, psychiatric, HIV testing, HIV results or AIDS information.
_____ (Initial)

I understand that the Practice may deny this request under limited circumstances permitted by federal regulations governing the protection of personally identifiable health information. I further understand that, except as otherwise permitted under applicable federal law, I have the right to have a denial of my request reviewed by a licensed health care practitioner selected by the practice who did not participate in the Practice's decision to deny my request.

I understand that the Practice will notify me of its decision to approve or deny my request for access or obtain a copy of the Requested Information within 30 days of receiving this request if the information is maintained or accessible on-site at the Practice or within sixty days if the Requested Information is not maintained on-site at the practice. If the Practice is unable to comply with my approved request within 30 days, they will notify me in writing.

I understand that the Practice will notify me prior to copying my information of any fees for copying, processing, or mailing my records.

_____ _____
Signature of Patient or Personal Representative Date

_____
Printed name of Personal Representative/Relationship to Patient