



**Carolina  
Center for  
Restorative  
Medicine**  
*Restoring Hope and  
Health with Heart*

## Request for Release of Outgoing Medical Records

809 Spring Forest Road, Suite 100  
Raleigh, NC 27609  
www.ccrmraleigh.com  
info@ccrmraleigh.com  
P 919-803-4268 | F 919-977-1381

Date: \_\_\_\_\_ Medical Record Number: (to be filled in by practice): \_\_\_\_\_

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

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

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

I, (NAME) \_\_\_\_\_, hereby authorize Carolina Center for Restorative Medicine to release the following information:

- All Records
- Consultation Notes
- Pathology Lab Reports
- Surgery/Operative Reports

Dates of service for requested release:

- All dates
- Date Range \_\_\_\_\_ to \_\_\_\_\_

Release send a copy of my medical records to:

Physician's Name : \_\_\_\_\_

Medical Practice Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please note:** For security reasons, Carolina Center for Restorative Medicine will mail or FAX your medical records as requested. We will not send them by email.



Release of medical records takes 7-10 days for processing. There is a \$10 minimum fee to cover the costs of searching, handling, copying, printing, and mailing:

- \$10 for up to 25 pages
- Additional \$0.50/page for pages 26-100
- Additional \$0.25/page for pages over 100
- Electronic Copy of Designated Record Set within Medical Records Requested Under HIPAA: \$6.50

If your outstanding balance is greater than \$50.00, there will be a delay in processing your request for release of medical records. Carolina Center for Restorative Medicine will be happy to assist you in resolving your balance.