Coastal Children's Clinic

New Bern (252)633-2900 Havelock (252)447-8100 Maysville (910)743-2022
WWW.COASTALCHILDRENS.COM

REQUEST TO INSPECT or COPY PROTECTED HEALTH INFORMATION

Chart _____

Patient Name: _____ Date of Birth: _____

Patient Address:

Street _____

Apartment# _____

City, State, Zip _____

I hereby request to inspect and/or copy the following medical information:

- ❑ In-patient notes
- ❑ Out-patient notes
- ❑ Doctor's notes
- ❑ Immunizations
- ❑ Correspondence
- ❑ Treatment
- ❑ Laboratory and Pathological Tests
- ❑ Examinations and Analysis
- ❑ Diagnosis, Prognosis
- ❑ History of Billing or Charges

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including cost of supplies and labor, and postage related to the production of my information. I understand that the charge for this service is $.75 per page for the first 25 pages; $.50 per page for pages 26-100; and $.25 per page for each page in excess of 100 pages [N.C. Gen Stat. §90-411].

_____ _____

Signature of Parent or Guardian Date

_____

Print Name of Parent or Guardian

Reason for Request: _____

_____

_____ For Office Use: Verification of Identification and Documentation Complete

(Please Sign and Date) Please obtain new address of parent / guarantor, if applicable