



**DukeHealth**

**Request for External Records**



Place Patient Label Here

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Duke University Hospital   | <input type="checkbox"/> Duke Regional Hospital              | <input type="checkbox"/> Duke Lake Norman Hospital     |
| <input type="checkbox"/> Duke Raleigh Hospital, <i>a campus of Duke University Hospital</i>             | <input type="checkbox"/> Duke Health Integrated Practice     |  |
| <input type="checkbox"/> Duke Eye Center, <i>a department of Duke University Hospital</i>               | <input type="checkbox"/> Duke Primary Care                   | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Raleigh Ambulatory Surgery Center, <i>a campus of Duke University Hospital</i> | <input type="checkbox"/> Arrington Ambulatory Surgery Center |  |
| <input type="checkbox"/> Duke Ambulatory Surgery Center, <i>a campus of Duke University Hospital</i>    | <input type="checkbox"/> Davis Ambulatory Surgery Center     |  |

THIS FORM SHOULD **ONLY** BE USED WHEN REQUESTING HEALTH INFORMATION FROM AN OUTSIDE HEALTH CARE PROVIDER FOR CONTINUITY OF CARE

**REQUEST FOR EXTERNAL RECORDS**

PART A: PATIENT INFORMATION		
Patient Name: _____	Phone: _____	Email: _____
Address: _____		
Date of Birth: _____	SS# (last 4 digits): _____	Duke Health Medical Record #: _____

PART B: REQUESTING INFORMATION FROM		
Outside Health Care Provider		
Name: _____	Phone: _____	Email: _____
Address: _____	Fax: _____	

PART C: SENDING INFORMATION TO		
Duke Health Provider		
Name: _____	Phone: _____	Email: _____
Address: _____	Fax: _____	

PART D: INFORMATION TO BE RELEASED (check all that apply)				
<b>Records or Information:</b>				
<input type="checkbox"/> Abstract/Summary (Discharge Summary, Operative/Procedure Notes, Pathology, Laboratory, ED Notes, Clinic Visits, Consults)	<input type="checkbox"/> Discharge Summary <input type="checkbox"/> History and Physical <input type="checkbox"/> Consultation Report <input type="checkbox"/> Operative Report <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Radiology Reports <input type="checkbox"/> Radiology Images <input type="checkbox"/> Physical/Occupational Therapy <input type="checkbox"/> Immunization Record <input type="checkbox"/> Emergency Department Record	<input type="checkbox"/> Clinic Visit (Specify Provider/Clinic) _____ <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Entire Record  <input type="checkbox"/> Billing Records
Treatment Date(s):				
<input type="checkbox"/> From _____ to _____ (please be specific) <span style="float: right;"><input type="checkbox"/> All Treatment Dates</span>				

PART E: REVIEW AND APPROVAL
The purpose of this release is for continuity of care, unless otherwise noted: _____ I understand that the information to be released may include reference to sensitive information related to mental and behavioral health, genetic testing, HIV/AIDS or other communicable diseases, and drug or alcohol abuse. I specifically approve the release of the following information that has been marked as sensitive and/or restricted (check all that apply): <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Mental and Behavioral Health             <input type="checkbox"/> Substance Use Disorder             <input type="checkbox"/> Genetic Testing         </div> <p><b><u>This Form will automatically expire one year from the date signed below unless revoked or another date or event is written here:</u></b></p>

Patient or Duke Health Representative Signature	Printed Name	Date
---	--------------	------

PART F: REPRESENTATIVE (complete if signed by personal or authorized representative)		
Representative Full Name (please print)	Relationship to Patient	Phone Number
<b>If you are not the patient, parent of a minor patient, or a Duke Health representative you MUST attach documentation showing your authority to act on behalf of the patient (Power of Attorney, Court Order, Legal Guardian Documentation, Executor/Administrator Documentation)</b>		