

REQUEST FOR COPY OF MEDICAL RECORD(S)

- Records are copied in the order they are requested! Copies of complete medical records MAY take up to 30 DUTY days per AFMAN 41-210!!!
- Individuals over 18 must request their own record(s). Federal law prohibits release of medical information to a third party without written consent from patient
- Individuals are entitled to **ONLY 1 FREE COPY** of their record (*either CD or paper*); additional copies will incur copying charges (**\$ 36.50 research fee, plus \$ 0.15 per page**)
- Charges may apply for recurring/repeat requests for copies of records within the same year
- **IMPORTANT!** Records not picked up after 90 days will be destroyed!

(PLEASE PRINT CLEARLY & LEGIBLY!)

1. Request a copy of my complete medical record(s).
2. Patient Name: _____
3. Maiden/previous name: _____
DOB: _____ Sponsor's Last 4: _____ Patient's DOD ID: _____
Sponsor: ____ Dependent: ____
Duty Phone: (____) _____ Home / Cell Phone: (____) _____
Mailing Address: _____
(City, State/Zip Code) _____
4. Digital (CD) Only
5. _____ Call (for pickup) _____ Mail (sent certified mail to address listed above)
6. Additional person authorized to P/U record: _____

Patient Signature (or authorized representative)

Date

Privacy Act of 1974 as amended applies. This memo contains information that must be protected IAW DoD 5400.11R and is For Official Use Only (FOUO).

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FOR OUTPATIENT RECORDS STAFF USE ONLY

Date Copied: _____ Date Contacted: _____

Date Picked Up: _____ OPR Staff (Initials): _____

(Signed request must be uploaded into HAIMS & paper copy filed in Part 3 of record; if available)