



**Carteret County Health Department**  
3820 Bridges Street  
Suite A  
Morehead City, NC 28557

### **Access for Records Request Form**

You have the right to inspect, or to obtain a copy of, your protected health information maintained in the designated record set by Carteret County Health Department.

Carteret County Health Department will make every reasonable effort to provide the protected health information requested by you if it is readily producible within **thirty (30) days** prior to the completion of this form. The Health Department will make every reasonable effort to provide requested protected health information in a legible, hard copy format or in such other form as agreed upon by myself and the Carteret County Health Department.

Carteret County Health Department may provide a copy summary or explanation of the protected health information requested, in lieu of providing access to the protected health information.

**Information requested:** \_\_\_\_\_

The fee for copying your protected health information or providing a summary to you is \$15.00. By completing and signing this form, I agree to pay Carteret County Health Department the above charge for copying such records.

I hereby request the Carteret County Health Department to copy protected health information requested and mail them to the address listed below:

Patient Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby request the Carteret County Health Department to copy protected health information requested and notify me by telephone at the number listed below when the request is completed and I will pick up records in person.

Patient Phone: \_\_\_\_\_

Signature of Personal Representative of Patient:

**Signature:** \_\_\_\_\_

Description of Representative's Authority to Act for Patient: \_\_\_\_\_