

Instructions to Request Your Medical Records

As a patient of Primary PartnerCare Physicians, PLLC, you have a right to access a copy of your medical records. We take your privacy seriously and take all steps to ensure your medical information is protected and held confidential.

Primary PartnerCare utilizes the HIPAA-compliant Medical Records Release form created by New York State Office of Court Administration in conjunction the medical provider community, the bench and the bar.

Form Instructions

Please fill this form out in its entirety, sign it and date it. Some of the frequently asked questions about the form are below:

- **Box 7:** This box is to list the name of the entity to whom you are requesting your information be released to such as XYZ Hospital or ABC Medical Group or JFK Law Firm with their address. Please be accurate and complete when completing this Box. If you are requesting your own medical records, simply write "SELF"
- **Box 8:** If there is a specific person or a department where you are releasing your records in the entity listed in Box 7. For example, it might be the name of a lawyer, or a specific doctor name
- **Box 9(a):** If you only want specific dates sent, please indicate this. If you want certain protected information to be released such as Alcohol/Drug, Mental Health and/or HIV-Related, please initial the boxes.
- **Box 9(b):** If you want to give permission for your provider to speak with an attorney or governmental agency about your health information, you can initial and fill in the provider name and whom exactly they are authorized to speak with.
- **Box 11:** You can indicate when this authorization expires if this is important to you.
- **Box 12 and 13:** These Boxes are important if you are completing this form on behalf of someone else. You must indicate your name in Box 12 and the authority to request and sign in Box 13 (for example Power of Attorney)

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