

ALL REQUESTS MUST BE SENT TO:
RECORDREQUEST@NHFC.COM

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Request Release of Medical Records to: Self Partner*

*If requesting for Partner, Partner
Signature will be required on the bottom*

Please read and complete all fields below before signing.

Patient Last Name: _____ Patient First Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Please read and complete all fields below before signing.

Female Comprehensive History (ALL)

From Dates _____ to _____

Surgical Records

- Egg Retrieval
- Embryo Transfer
- Hysteroscopy/D&C
- Sonogram images (current 3 months)

Lab Reports

- Hormone Level Reports
- Infectious Disease Reports
- Pathology Reports
- PDG Test Reports

Stim Sheets (most current 12 months)

Pre-Surgical

- Genetics Lab
- Pap Smear

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Patient Last Name: _____ Patient First Name: _____ Date of Birth: _____

Male Comprehensive History (ALL)

From Dates _____ to _____

- Sperm Freezing Reports
- Semen Analysis Reports

IUI Reports

- Infectious Disease Reports
- Male Screening lab
- Male Genetics Lab

Method of Release: CHOOSE ONE ONLY

- Pick Up Email Mail (use address above, **\$25.00 mailing fee required**)
- Release to Affiliated Physician ONLY

Provider Name: _____ ATTN: _____

Address: _____ Fax: _____ Phone: _____

The processing time may take up to 14 days, an expediated 72 hour request subject to \$100.00 additional fee. The price is \$0.50 per page. **All mailed documents are subject to a \$25 mailing fee. Photo ID is required for pickup.**

Payment must be made in full prior to release of medical records

I hereby certify that all items on this form have been completed and my questions have been answered.

Patient name _____ Patient Signature: _____ Date: _____

Partner name (Print): _____ Partner Signature: _____ Date: _____

Internal use only: Received by: _____ Date: _____ Initials: _____ Chart #: _____

Processed by: _____ Date: _____ Initials: _____