

COMMUNITY CARE OF NORTH CAROLINA (CCNC)

INDIVIDUAL AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION



Community Care
OF NORTH CAROLINA

Per the federal health privacy law (45 C.F.R. Part 164.524), an individual or their personal representative has the right to access their medical records. Please complete the fields below to request a copy of your CCNC care management records (e.g., care plans, assessments, interactions). Requests for all other medical records should be submitted to your medical provider.

Submit the completed form to:

Community Care of North Carolina

Attention: Privacy Office

110 Donmoor Ct

Garner NC 27529

Email: Privacy@communitycarenc.org Secure Fax: 1-833-384-0901

Date of request: _____

Please provide the following information about the person whose records are being requested.

Name _____ Date of Birth _____ Medicaid ID # _____

Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date Range of Requested Records:

From: _____ To: _____

Delivery Method:

Email address _____

Fax Number: _____ US Mail: ___ (enter mailing address below) _____

Mailing address for paper records:

Name _____

Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Accountability

Collaboration

Excellence

Innovation

Signature of Client (handwritten or digital)

(Date)

Print Your Name

*(Signature of Personal Representative,
if required)*

(Date)

(Personal Representative Relationship/Authority)