



DEPARTMENT OF THE ARMY
USA MEDICAL DEPARTMENT ACTIVITY
650 Huebner Road
FORT RILEY, KANSAS 66442-4030

MCFI-ZAA-CS

14 Feb 2019

PLEASE NOTE: YOU ARE ONLY ENTITLED TO ONE FREE COPY OF YOUR MEDICAL RECORDS. YOU MAY REQUEST UPDATES OF ANY RECORD(S) FROM THE DATE ANNOTATED ON THE DD 2870 FILED IN THE STR.

Per: **IAW AR 40-66**, you may request a copy of your medical records for your **PERSONAL** use.

This is the **ONLY** copy you will receive for the record(s) stated on the **DD Form 2870**. The copies will be processed within (30) **BUSINESS DAYS (excluding holiday)** of the signature (**BLOCK11**) and date (**BLOCK13**)

It is mandatory **BLOCK 6C (telephone number)**, **BLOCK 6B (Mailing address)**, and **BLOCK 8 (Information to be released)** are included on this request.

Lastly, you have two options for receiving your medical records: **VIA MAIL** or **PICK UP**.

Unfortunately we can no longer email records via **SAFE SITE**.

If you chose to have your records mailed they will be mailed to the address provided in **BLOCK 6B**. The records will be **STANDARD PRIORITY**. This can take 7-10 business days to arrive. If the mailed copy is **RETURNED** to our facility, we will make an attempt to contact you at the phone number provided on DD Form 2870, requesting you pick up records.

If you haven't made contact with the records staff about picking up your records within **ONE** week they will be shredded. If another copy of records is requested you will be charged 0.15 cents per page.

Please write clearly so we can read where the records need to be sent to.

Your records are downloaded on the CD as a pdf file. You can save them to your computer, flash drive, or another CD.

IF YOU ARE ETSING OR RETIRING AND NEED A COPY FOR THE VA YOU MUST MAKE A COPY FOR THEM (DO NO GIVE THEM YOU COPY)

Signature: _____

Date: _____