



**DEPARTMENT OF THE ARMY**  
IRWIN ARMY COMMUNITY HOSPITAL  
650 HUEBNER ROAD  
FORT RILEY KANSAS 66442-4030

MCFI-ZAA-CS

MEMORANDUM FOR RECORD, Release of Information Policy

SUBJECT: Patient/guardian acceptance of medical records copy request policy at Irwin Army Community Hospital

1. You are entitled to one free copy of your medical records. You may request updates of any record(s) from the date annotated on the DD2870 stored in the medical record.
2. In accordance with AR 40-66, you may request a copy of your medical records for your personal use.
3. The copies will be processed within thirty (30) working days from the signature and date in block 13.
4. Entry of all blocks from 1 thru 13 must be completed accurately and legibly.
  - a. If records are being released to someone else other than the patient, the recipient's information must be completed in blocks 6a and 6b. Upon pick-up, recipient will be asked to provide their identification.
  - b. Block 8 specifying what is being requested must be completed.
  - c. The copy of records will be downloaded to a CD as a PDF.
5. There are two options for receiving the medical records.
  - a. Mail: Copy of records will be mailed to address in 6b. We will contact phone number listed in 6c to verify the address. A voicemail may be left stating records is mailed to address provided. The copy will be sent using standard priority and may take 7-10 business days to arrive.
  - b. Pick-up: You will be contacted when the copy is ready for pick-up.
6. If additional copies are requested, \$18.97 check payment will be due at pick-up.
7. By signing below, I am stating that I agree to all terms. Signed memo will be stored with corresponding DD2870 in the medical record.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date