Neighborhood Health Partnership

A UnitedHealthcare Company

MEDICAL RECORD RELEASE

Dear NHP Member:

At Neighborhood Health Partnership we want to make your transition to your new doctor as smooth as possible. If you or your family members have chosen a new doctor as your primary care physician (PCP), it is important that your new doctor have a copy of your past medical records. Please complete the form below and send it to your previous doctor.

To: _____
Previous Physician Phone #

_____
Address City State Zip

I HEREBY AUTHORIZE AND REQUEST THAT YOU SEND A COPY OF THE COMPLETE MEDICAL RECORD TO

To: _____
NHP PARTICIPATING PCP Phone #

_____
Address City State Zip

_____ _____
Patient's Name Patient or Legal Guardian Signature

_____ _____
Address Relationship to Patient

_____ _____
City, State, Zip Date

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