

REQUEST FOR COPY OF SOLDIER TREATMENT RECORD
MAARNG MEDICAL COMMAND
59 GRENIER ST, BLDG 1507
HANSCOM AFB, MA 01731
EMAIL: ng.ma.maarng.mbx.soldier-treatment-record-manager@mail.mil
FAX: (339) 202-0017

SECTION I REQUESTER DATA

DATE OF REQUEST: _____

NAME OF PERSON MAKING REQUEST: _____

Note: Spouses or parents of SM may not request copies without authorization from member.

SECTION II PATIENT DATA / MEDICAL RECORD DATA

NAME: _____ FULL SSN: _____

MIL EMAIL (Required): _____ CIV EMAIL: _____

PHONE(S): _____

CURRENT STATUS: ___ M-DAY ___ AGR ___ SEPARATED WITHIN CURRENT FY RANK: _____

SECTION III DISCLAIMER

Read and Initial Each Line.

___ Requests may take up to 60 business days and must be picked up within 60 business days following notification of completion.

___ Records must be picked up in person with valid identification. (Common Access Card or State ID.)

___ Behavioral Health records are not included with this request.

___ **Request is for complete copy of Medical Record;** any requests for documents that can be obtained through AKO by the Soldier (i.e. Completed PHA, Immunization Record, IMR) will be redirected as such.

___ I do / do not _____ have further medical documentation to provide to MA MEDCOM SSMO and/or understand that my request will not be processed until all documents have been provided.

___ IAW AR 40-66, Ch1-6, I understand that "Only one free copy may be provided to the patient."

___ All requests will be provided on an **unencrypted** disc. By initialing, I am aware that the disc provided will not be encrypted and I am responsible for the safekeeping of all information provided on the disc.

SIGNATURE OF REQUESTER: _____ **DATE:** _____

PUT INITIALS AFTER DATE

FOR INTERNAL OFFICE USE ONLY

- | | |
|---|--|
| • REQUEST RECEIVED DATE: _____ | • STR DISC COMPLETED ON: _____ |
| • RECORD COMPLETE IN HRR AS OF: _____ | • SOLDIER NOTIFIED ATTEMPT 1 (E-mail): _____ |
| • VERIFIED W/ CASE MANAGER / CASE COORDINATOR THAT NO FURTHER NOTES ARE PENDING, DATE: _____ | • SOLDIER NOTIFIED ATTEMPT 2 (Phone): _____ |

(Do not sign until pick up) SECTION IV REQUEST COMPLETE

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED MY REQUESTED PERSONAL COPY.

SIGNATURE OF REQUESTER: _____ **DATE:** _____