

Instructions for Completing DD Form 2870 to Request Copies of Records

1. The attached DD Form 2870, Authorization for Disclosure of Medical or Dental Information, serves as the mechanism for beneficiaries to request copies of their medical record. All blocks must be completed in their entirety. If you have a dependent over the age of 18, they must complete the request themselves.

2. To complete the DD Form 2870, please follow the below instructions:

Block 1: Patient's name

Block 2: Patient's Date of Birth

Block 3: Sponsor's SSN

Block 4: Indicate the dates of treatment you are looking for or if you want everything put "ALL TIME PERIODS".

Block 5: If you are requesting only outpatient information, mark the block for "Outpatient." If you mark both, a copy of your request will be forwarded to the inpatient records department. If you wish to receive ONLY inpatient records, fax your request to 757-953-5988 along with a copy of your ID.

Block 6: Naval Medical Center Portsmouth

Block 6a: Name of the individual authorized to access medical record (can be the patient, another person or civilian provider named by the patient).

Block 6b: Mailing address you want the records to be received at.

Block 6c: Phone number of patient listed in Block 6a

Block 7: Mark as appropriate.

Block 8: Write MHS GENESIS (electronic) or PHYSICAL (paper) record. NOTE, you can only choose one option, electronic or paper. Again, the physical record must be maintained by NMCP in order to be copied. Write "MHS GENESIS ONLY" for a copy of your electronic record. Write "PHYSICAL ONLY" for a copy of your paper record.

If you wish to have your MHS GENESIS record e-mailed to you, please include your e-mail address in this block.

Currently we do not offer the physical record in electronic format. It will be provided as a paper copy only.

Please indicate if you wish to pick up your record copy at the Outpatient Medical Records department or if you want your records mailed. You can annotate by writing “PICK UP” or “MAIL OUT” in this block.

Block 9: Authorization start date will be the date form is completed.

Block 10: Authorization expiration – same date as Block 9 plus 1 year.

Block 11: Patient signs in this block.

Block 12: Write “SELF” if you are the patient; otherwise indicate your relationship to the patient.

Block 13: The day the form is completed.

Block 17: Please provide the information requested for Sponsor Name, Rank, Sponsor’s SSN, Branch of Service and Phone Number.

3. After completion you may turn the form into the Outpatient Records department, Monday through Friday from 0700 – 1600, fax form with a copy of I.D./driver’s license (front and back) to 757-953-0833/2578, or mail your request to:

Naval Medical Center Portsmouth

Attn: Outpatient Medical Records

620 John Paul Jones Circle

Portsmouth, VA 23708

4. Your medical records will be emailed to you from Safe Access File Exchange (SAFE). The email will be sent from NoReplyTo@mail.mil. The subject will be DOD Safe Access File Exchange Delivery Notice. The email may come to your inbox, junk mail, or spam folder. Ensure you check all boxes to see if find the email. You will click on the website link and copy and paste the password from the email. Access to your medical records will only be available for 7 Days from the date the email was sent to you. Note: the password may only be used one time. Also, do not open this document on a phone or tablet computer.

Example: File Description: This is an automated message sent to you by the DOD SAFE service.

John.Doe <John.Doe.civ@mail.mil> has dropped off a file for you.

IF YOU TRUST THE SENDER and are expecting to receive a file from them, you may choose to retrieve the drop-off by clicking the following link (or copying and pasting it into your web browser):<https://safe.apps.mil/pickup.php?claimID=xxxxxxxxxx>

You will be required to enter the claim passcode, which is: xxxxxxxxxxxx

**** This drop-off is encrypted. **** To download any files you must have the correct passphrase, which you can only get from the sender.

You have 7 days to retrieve the drop-off; after that the link above will expire. If you wish to contact the sender, just reply to this email.

5. If you have any questions or concerns, please contact the front desk at 757-953-2583/84.

Please allow at least 10 business days from the date your request was received before contacting