DD Form 2870 Instructions

Block 1: Full name in (Last, First, Middle Initial) format

Block 2: Date of birth in (YYYYMMDD) format

Block 3: Provide full SSN or DoD ID #

Block 4: Provide either a specific date or date range for requested medical records

Block 5: Check the block that indicates whether requested records were outpatient, inpatient, or both.

Block 6: This is the facility that will be releasing the medical records. If you are requesting records from Eisenhower it will be shown as follows:

Dwight D. Eisenhower Army Medical Center

If you are requesting from an outside facility/organization, this block needs to reflect that facility/organization name.

Block 6a: This will be the name of the individual/facility/organization we will be releasing the medical records TO. If requesting records for yourself, provide your full name in this block. If another individual will be picking up the records as your personal representative, please provide the full name of that individual in this block.

Block 6b: This block will be the full address of the location we will be mailing records if applicable. In the event you are unable to pick up your records within 90 days of completion we will mail them to the address provided in this block.

Block 6c: Provide a good contact phone number. This will be used to contact you in the event of any clarification or to notify the individual requesting the records that they are complete.

Block 6d: Provide a fax number, if applicable.

Block 7: Indicate the reason for the request for a copy of medical records. If reason is not listed, ensure "Other" is checked and a reason is specified in the provided block. You can indicate more than one reason for the request.

Block 8: Specify what information is being requested. If you would like only information from a particular clinic ie. Cardiology, EENT, Orthopedic, etc. indicate it in this block. Also, provide the format you would like to receive the records. We have two available formats to provide records, paper and electronic. Lastly, provide the method of delivery: Mail, Pick-up (Medical Records/Correspondence Front Window), Fax, or secure E-Mail. If you choose to have records delivered via secure e-mail, provide a valid e-mail address.

- All records being sent via secure email will be sent through DoD Safe, a third party website approved to send Protected Health Information.

Block 9: Indicate the date you would like this authorization to start being in effect in (YYYYMMDD) format. This will be the date you sign the DD Form 2870 in block 11.

Block 10: Due to local policy, the DD Form 2870 is single-use only. As such, ensure the "Action Completed" block is checked.

Block 11: Ensure a signature of the requesting individual is provided. The signature can be either a wet signature or electronic signature.

Block 12: Relationship to the individual whose records are being requested. If you are requesting your own records, please indicate "Self" in this block.

Block 13: Indicate the date in (YYYYMMDD) format. This is the date the signature was applied to the DD Form 2870.

Blocks 14-17: These are for STAFF USE ONLY. Do not provide any information in these blocks.

A scanned copy of a Government issued ID card, valid state issued ID card, driver's license, or a passport) must accompany any medical records requests that are submitted via email, fax, or mail. NOTE: If you are able to digitally sign the DD 2870 (using a CAC), or can e-mail the DD 2870 thru a government e-mail address, then no copy of ID is required.

E-mail address: ***usarmy.gordon.medcom-eamc.list.pad-correspondence@health.mil***

Office Phone: 706-787-3365/ Fax: 706-787-7211

or

Mail to:

Defense Health Agency
Dwight D. Eisenhower Army Medical Center
ATTN: Correspondence/Release of Information
300 East Hospital Road
Fort Gordon, Georgia 30905-5650