

Completion Date:

**Request for Access to Health Information  
(Attachment 19)**

As a patient of a University of Miami provider or hospital, you are encouraged to request and receive health information electronically using the MyUHealthChart patient portal <https://myuhealthchart.com/mychart/>. To request and receive records outside the patient portal, sign and submit this form.

Date of Request: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_  
Email: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
State: \_\_\_\_\_

Write date (s) here:	Write physician name(s) here:

**Check box here to request medical record copies by visit type**

In-Patient  Outpatient  Emergency  Physician Office  Surgery/Procedure

**All Encounters (Entire Medical Record)**  **Billing records** \*Authorization effective 1 year unless otherwise revoked in writing\*  
 Radiology  Lab  Immunizations  Other: \_\_\_\_\_

**Send my records via:**

US Mail  Email  In Person Pickup  Other: \_\_\_\_\_

**Send records to my patient portal account. \*Download required\***

I understand that the information to be released may include a diagnosis or reference to the following condition(s): behavioral health service/psychiatric care, sickle cell anemia, genetic testing, acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV); or drug and/or alcohol abuse.

Effective May 1, 2020, there is no cost for copies of Uhealth medical records provided for patient requests.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
If personal representative, authority to act on behalf of patient/ Relation to Patient

To receive a copy of your health information visit the electronic patient portal at <https://myuhealthchart.com/mychart/> or Health Information website at <https://umiamihealth.org/patients-visitors/medical-records>. Health Information Management can be contacted at 305-243-5272 for release of information requests.

**HEALTH INFORMATION MANAGEMENT**

P: 305.243.5272 [uchartecopy@med.miami.edu](mailto:uchartecopy@med.miami.edu) F:305.243.5274

**REQUEST FOR ACCESS TO HEALTH INFORMATION**



Form D3900018E  
Revised 07/07/23

Patient Identification Sticker