

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/>. Records are available electronically for services received after May 2010. Please use this form to request records prior to 2010 that do not exist in electronic format.

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

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 F:305.243.5274

REQUEST FOR ACCESS TO HEALTH INFORMATION



Form D3900018E
Revised 03/10/22

Patient Identification Sticker