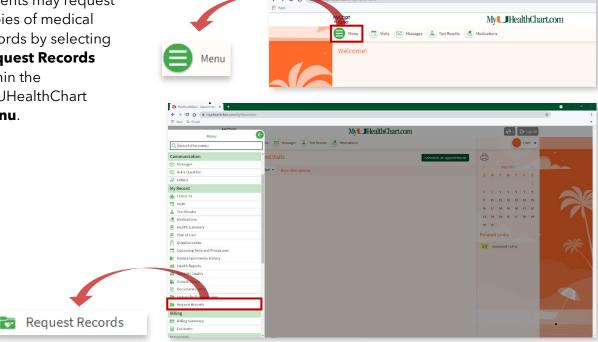# Release of Information - MyUHealthChart Patient Portal
Health Information Management Tips for Patients
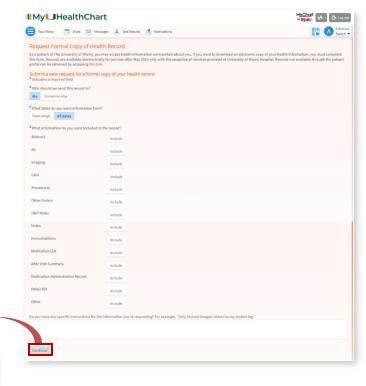
Step 1

- Patients may request copies of medical records by selecting **Request Records** within the MyUHealthChart **Menu**.

Step 2

- The **Request Formal Copy of Health Record** electronic form will open. If patients are requesting records for specific visits, patients can enter the date(s) of service by selecting Date range. They may also request records by the type of visit/encounter or all encounters.

- Before submitting the request, patients can document any specific instructions for the records that they are requesting and click **Continue.**
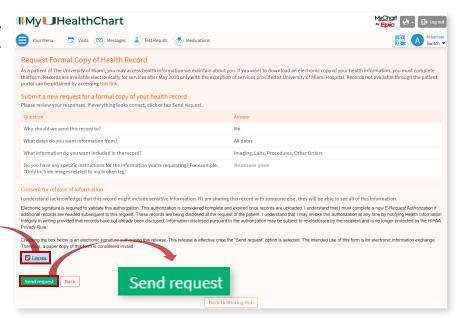
Step 3

In the **Consent for release of information** screen, the patient will select the **I agree** checkbox and click **Send Request**.

Request Formal Copy of Health Record

As a patient of The University of Miami, you may access health information we maintain about you. If you want to download an electronic copy of your health information, you must complete this form. Records are available electronically for services after May 2010 only with the exception of services provided at University of Miami Hospital. Records not available through the patient portal can be obtained by accessing this link.

Submit a new request for a formal copy of your health record

Please review your responses. If everything looks correct, click or tap Send request.

Question	Answer
Who should we send this record to?	Me
What dates do you want information from?	All dates
What information do you want included in the record?	Imaging, Labs, Procedures, Other Orders
Do you have any specific instructions for the information you're requesting? For example, "Only include images related to my broken leg."	No answer given

Consent for release of information

I understand (acknowledge) that this record might include sensitive information. If I am sharing this record with someone else, they will be able to see all of this information.

Electronic signature is required to validate this authorization. This authorization is considered complete and expired once records are uploaded. I understand that I must complete a new E-Request Authorization if additional records are needed subsequent to this request. These records are being disclosed at the request of the patient. I understand that I may revoke this authorization at any time by notifying Health Information Integrity in writing provided that records have not already been disclosed. Information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and is no longer protected by the HIPAA Privacy Rule.

Checking the box below is an electronic signature authorizing this release. This release is effective once the "Send request" option is selected. The intended use of this form is for electronic information exchange. Therefore, a paper copy of this form is considered invalid.

☑ I agree

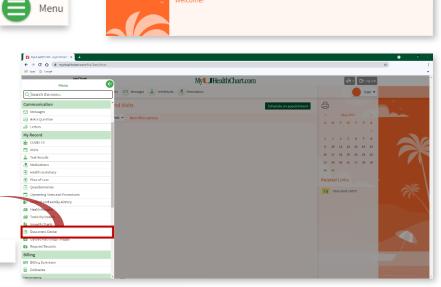Send request   Back

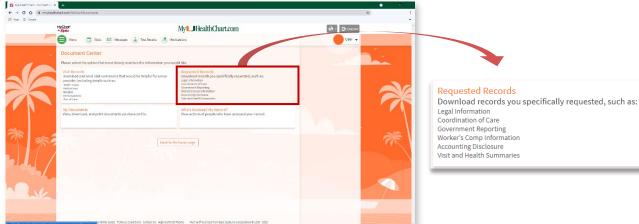Back to Sharing Hub

☑ I agree

Send request

Step 4

Once Health Information Management has completed the request, the patient can access the records in **Requested Records** within the **Document Center** in the MyUHealthChart **Menu**.

Menu

Document Center

Requested Records
Download records you specifically requested, such as:
Legal Information
Coordination of Care
Government Reporting
Worker's Comp Information
Accounting Disclosure
Visit and Health Summaries

For technical issues such as password reset or password issues, place contact **877-488-1773**

Requests are processed within 48 hours of receipt, M-F.

For assistance with STAT patient portal requests, please contact:

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For additional information, please review our website:
uhealthsystem.com/billing/medical-records