

University Health Service, University of Rochester

## Medical Record – Authorization for Release

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**ONGOING MEDICAL CARE:** Medical information is routinely exchanged between healthcare professionals as deemed necessary by your healthcare provider to assure your safe, continuous care. This information includes records sent to specialists, to emergency departments, hospitals, etc. There is no charge or special patient authorization required for this process.

**IMMUNIZATION RECORDS:** If you are requesting a copy of your immunization records only, you can submit your request by e-mail to [hfh@uhs.rochester.edu](mailto:hfh@uhs.rochester.edu). Please include “Immunization Record Request” in the subject line. In the body of the message, include your date of birth, whether you were a student or employee, the dates you were at the University and the address or fax number where you want the record sent. No other form or signature is required. Generally, immunization records are copied and mailed or faxed within 3-5 business days.

**AUTHORIZATION FOR THE RELEASE OF YOUR MEDICAL RECORD:** Requests for copies of your UHS medical record must be made in writing, must include your original signature, and must be hand-delivered, mailed, or faxed to UHS. You must use the *UHS Authorization for Release of Medical Information Form*, which is available at any UHS office and on the UHS web site at [www.rochester.edu/uhs](http://www.rochester.edu/uhs) in “Basics about UHS.” If you are under age 18, your parent or guardian’s signature is required in addition to your own. Requests generally take between 7 and 12 working days.

The following information is required to assure the correct information is released:

- *Your full name* (if you are married and had a different last name when you were at the University of Rochester, please give your maiden name, as well).
- *Your date of birth*. If you were a student and remember your student ID, please include it.
- The *dates/years* and *your status* (e.g., full-time or part-time student, employee, or both) when you were at the University.
- The *complete address, phone number, and fax number*, if available, where you want your information mailed. Quite often this is a physician's office address or school health office. A contact person’s name, if available, is helpful.
- *Your address, e-mail address, and/or phone number*. This information is useful if we need to contact you about your request.

**FEES:** There is no charge for immunization histories, or records that are delivered (via fax or mail) directly to another doctor’s office or medical care provider. There is a charge for records requested for personal reasons. The fee is \$.75 per page or a flat \$10.00 for 15 pages or less. Pre-payment is required prior to the release of the records. If requesting records for reasons other than direct medical care (e.g., insurance companies, attorneys), the requestor is responsible for payment of records.

**CONTACT:**

**By mail:** University Health Service, Attn: UHS Record Request  
Box 270617, Rochester, New York 14627

**By e-mail:** [hfh@uhs.rochester.edu](mailto:hfh@uhs.rochester.edu)

**By phone:** (585) 275-1158

**By fax:** (585) 276-0149