

Medical Record – Authorization for Release

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 HHF@uhs.rochester.edu. No other form or signature is required. Generally, immunization records are copied and mailed within 3-5 business 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* and *social security number*.
- 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* where you want the information mailed. Quite often this is a physician's office address or school health office.
- *Your address, e-mail address, and/or phone number*. This information is useful if we need to contact you about your request.

OTHER RECORD REQUESTS: Requests for copies of any other part 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 in "Basics about UHS." If you are under age 18, your parent or guardian's signature is required in addition to your own. **Requests for other than direct patient care generally take between 7 and 10 working days.**

FEES: There is no charge for immunization records or for a medical record being mailed to a healthcare provider's office. If the record is being mailed to the individual requesting the record, an attorney's office, an insurance company, or a similar place, the charge is 75 cents per page. This charge must be paid before the record is released. To expedite payment, the bill can be faxed to you if you provide a fax number.

CONTACT:

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

By e-mail to:
HHF@uhs.rochester.edu
Phone: (585) 275-1158

By fax to:
(585) 276-0149

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