

Completion Date:

Effective Date:  
April 14, 2003

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

As a patient of a University of Miami provider or hospital, you may access certain health information we maintain about you. If you want to inspect and/or receive a copy of your health information, you must complete this form and return it to a Document/Records Custodian or to the University of Miami Office of HIPAA Privacy & Security at the address specified below and in our Notice of Privacy Practices. This request applies only to the departments/Facilities that you indicate below.

**To assist us in locating your information, please provide the following:**

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

**I am requesting access to my health information maintained at:**

Department: \_\_\_\_\_ Physician: \_\_\_\_\_  
Facility/Hospital: \_\_\_\_\_

**Please indicate whether you would like to inspect or receive a copy of your health information by checking the applicable box(es):**

- I would like to inspect my health information in person at the University of Miami.
- I would like a copy of my health information.

**Please indicate, by checking the appropriate box(es), the specific information to which you want access:**

- Medical records (i.e., lab reports, progress notes, etc.) for the following dates:  
\_\_\_\_\_
- Films/Images (i.e., films, CDs, diagnostic images, etc.) for the following dates:  
\_\_\_\_\_
- Billing records (i.e., claims or statements) for the following dates:  
\_\_\_\_\_

We charge fees for copies, postage, and handling, as permitted by applicable state and federal law. You will be contacted with a total and instructed how to make payment as well as when you can expect to receive your records (if you have requested a copy).

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

\_\_\_\_\_  
Date

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

University of Miami – Office of Privacy & Data Security  
PO Box 019132 (M-879) privacy@med.miami.edu  
Miami, FL 33101 305-243-5000 1-866-366-4874

**REQUEST FOR ACCESS TO HEALTH INFORMATION**



Form  
D3900018E

Revised  
09/24/14

NAME: \_\_\_\_\_

MRN: \_\_\_\_\_

LAST 4 DIGITS OF SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## **How to Obtain your Medical Records**

If you are requesting a copy of your medical records, you will be required to complete an Attachment 19 or Attachment 46 (3<sup>rd</sup> Party Authorization) form to obtain copies of your record. You may also be asked to provide a photo ID for identification purposes.

*Please complete the form, fax, mail or contact the appropriate medical record department listed below:*

### **University of Miami Hospital and Clinics (UMHC)/Sylvester Comprehensive Cancer Center (SCCC)**

1475 N.W. 12<sup>th</sup> Avenue

Miami, Florida 33136

Phone: 305-243-5272

Fax: 305-243-5274 & 305-243-9521

Website: [www.sylvester.org](http://www.sylvester.org)

### **Bascom Palmer Eye Institute (BPEI)/Anne Bates Leach Eye Hospital (ABLEH)**

900 N.W. 17<sup>th</sup> Street

Miami, Florida 33136

Phone: 305-326-6333

Fax: 305-547-3709

Website: <http://bascompalmer.org/>

### **University of Miami Hospital (UMH)**

1400 N.W. 12<sup>th</sup> Ave

Miami, FL 33136

Phone: 305-689-5605 & 305-689-5187

Fax: 305-689-4490 & 305-689-3995

Website: <http://www.umiamihospital.com/>

**For any other clinical department, please contact the physician office directly.**

**For further assistance, please call 305-243-4000.**

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*For privacy issues or concerns, please contact:*

#### **Office of Privacy and Data Security**

Phone: 305-243-5000 Outside of Dade County: 866-366-4874

Fax: 305-243-7487

Email: [privacy@med.miami.edu](mailto:privacy@med.miami.edu)

Website: [www.privacy.med.miami.edu](http://www.privacy.med.miami.edu)

P.O. Box 019132 (M-879)

Miami, Florida 33101

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#### **MyUHealthChart online portal**

You may also access portions of your health information online through the MyUHealthChart portal. <https://myuhealthchart.com/mychart/>

For further assistance or to obtain access, email: [AskMyUHealthChart@med.miami.edu](mailto:AskMyUHealthChart@med.miami.edu)