



Patient Request for Medical Records Instructions

Please print clearly – Failure to fill out form completely can result in a delay in processing your request.

1. **PATIENT INFORMATION** – Print the patient’s name, date of birth, mailing address and phone number.
2. **INFORMATION TO BE RELEASED FROM** – Select a Legacy Medical Center OR the name of the Legacy Medical Group Clinic OR write your Legacy provider’s name that you would like your records released from.
3. **INFORMATION TO BE RELEASED** – Please add a date range and specify what information you would like released. If you are looking for something that is not listed, please add what you would like to the “Other” line.
4. **FORMAT OF RECORDS** – Select paper, CD or MyHealth. If none is selected, the default format is paper. If CD is selected, you will receive a password mailed separately from the CD. If you select MyHealth, records will be sent directly to your MyHealth account. Please note, if you select this option you will need to have an active MyHealth account. If you do not have a MyHealth account, please contact MyHealth Customer Service Monday through Friday, 8 a.m. through 5 p.m., at 503-415-4835 (OR) or 360-487-1075 (WA). You can also email them at myhealthsupport@lhs.org
 - **Please note:** Our standard process for releasing electronic records is to send the records in a secure manner. For records requested on disc, we secure the PDF files and send a separate letter with the password to access the records. For records sent by email, we send the records through a secured sharing site. You will be instructed to sign up for an account to this secured location. Also, sending records to your MyHealth account is secured with your account password.
5. **INFORMATION TO BE RELEASED TO** – Specify what information is to be released.
6. **SIGNATURE** – Sign and indicate date signed.
 - If you are signing this form and you are not the patient**
 - If the patient is 18 years of age or older, the patient must sign and date the form.
 - If the patient is 18 years of age or older and is incapable of signing,
 - A legally authorized representative may sign and date the form. An attorney for the patient is not a legally authorized representative unless specifically appointed to make health care decisions for the patient.
 - Please indicate your relationship to the patient (Guardian, Health Care Representative or Health Care Power of Attorney) and include supporting documentation of your relationship.
 - If the patient is 17 years of age or younger, the patient’s parent or legal guardian must sign and date the form, unless an exception exists under state or federal law.
 - Please indicate your relationship to the patient (Parent or Legal Guardian) and include supporting documentation if you are a Legal Guardian.

Rates for patient record requests:	Fees	
Paper or electronic format:	Paper: \$0.02 per page; CD: \$0.25 per disc or DVD \$0.42 per disc Plus the cost of labor per minute it takes to process the requested records: \$0.34 Additionally cost of shipping when applicable and tax when appropriate.	
Records sent to your MyHealth account*	No Charge	No Charge

* This option requires that you have an active MyHealth account.

Send completed **Patient Request for Medical Records** form by mail or by fax:

Mailing Address: Legacy Health Release of Information
 P.O. Box 2868
 Portland, OR 97208
 Fax Number: 503-413-4671

For questions, please contact Legacy’s Release of Information office at 503-413-2762 or 360-487-3408 Monday – Friday 8:00 a.m. to 4:15 p.m. (Except for major holidays)

Requests are processed in the order they are received. Please allow up to 15 days to process Washington facility requests and up to 30 days for Oregon facilities. We make every effort to complete requests in a timely manner.