

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Maiden/Other</i>
<i>Email Address</i>			
<i>Date of Birth</i>	<i>Home Phone</i>	<i>Cell phone</i>	
<i>Street Address</i>	<i>City/State</i>	<i>Zip Code</i>	

I am requesting a copy of my health records that are maintained by The Urgency Room for my personal review. I am requesting records for date(s) of service: \_\_\_\_\_

**Please select documents:**

- Urgency Room Records     
 Discharge Summary     
 History and Physical  
 Operative Reports     
 Pathology Reports     
 Test Results (EKG, Echo, X-ray, lab)  
 Immunizations/Medications     
 Clinic Notes     
 Other \_\_\_\_\_

**How would you like your records delivered to you? Please indicate below:**

- U.S. Mail (paper)     
 Secure Email     
 Non-Secure Email\*

**\* NOTE: I acknowledge that by electing to receive my health information via email in a non-secure manner that the information will not be encrypted, and that it could be intercepted and viewed by a third party. The Urgency Room is not responsible for unauthorized access of your health information while in transmission to the email address you designated above.**

- A request for substance use disorder treatment record requires a separate authorization.
- A patient will not be charged a fee for the first copy of the patient record but may be charged for additional copies of the same record.
- If records are unable to be emailed due to size limitations, records will be mailed.

**Please sign and date below. (Please Note: Only the patient or their legal guardian can sign the release)**

<i>Patient Signature</i>	<i>Date</i>
<i>Signature of Personal Representative</i>	<i>Date</i>
<i>Relationship</i>	

**For Questions Call the Business Office at: 952-857-0644 (or toll free: 877-377-2362)**

**Completed Forms can be sent via:**

**Fax:** 952-835-4403; or

**Mail To:** The Urgency Room, Attn: Health Information/ROI  
4300 MarketPointe Drive, Suite 100, Bloomington, MN 55435

*The Urgency Room complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.*

*ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-377-4837.*

*LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-377-4837.*