



<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:

- In Clinic pick up
- 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.