



<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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Urgency Room Records | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History and Physical |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Test Results (EKG, Echo, X-ray, lab) (imaging to CDs will be fulfilled at clinic) |
| <input type="checkbox"/> Immunizations/Medications | <input type="checkbox"/> Clinic Notes | <input type="checkbox"/> Other _____ |

How would you like to receive your records? U.S. Mail (paper) Secure Email (Check spam/junk box)

- A request for substance use disorder treatment record requires a separate authorization. Please contact patient relations: 651-789-9951 or by email at: URpatientrelations@urgencyroom.com
- 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 UR Patient Relations Phone: 651-789-9951 Email: URpatientrelations@urgencyroom.com

Completed Forms can be sent via: Fax: 651-789-9901; 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 651-789-9951.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 651-789-9951.