



Instructions for request of Medical Records

1. Please complete an authorization form

Specific treatment dates: Please list specific dates; past year or past two years. If you do not remember the specific dates please indicate at least a time frame such as last month, last six months, etc.

What records are you requesting? Mark the documents that you are requesting. Test results when marked individually are generally for specific dates of service as indicated in the next section.

A driver's license or other Government issued photo ID will be required with request

2. If the request is for continuation of care, please have the provider/ facility fax in the request for a quicker turnaround.

We will need a cover sheet with the patient information and specific dates of services or exact documents needed. **FAX: (915) 242-8574**

3. Request for medical records to be sent to: Complete the Disclosure Details section. If records are being sent to someone other than the patient, then specify whom the records should be released to.

4. If records are going to be picked up by someone other than the patient, the name of the individual picking up the records should be listed: Please complete the name, phone number, address of the individual who will be picking up your medical records. to be shown at the time of picking up the medical records. As of right now we will be mailing records, but if you would prefer to pick up, please have the information desk call us.

5. Patient/Personal Representative Signature: This form should be signed by the patient. If the patient is unable to sign and the request is being made by an authorized personal representative of the patient (parent of a minor, person named on Power of Attorney, executor of estate, etc.), the Personal Representative should sign and date the form. Please provide printed name and relationship to the patient. Supporting legal documentation must accompany this authorization form when signed by a personal representative.

Health Information Management Department

Hours: 8 a.m.-4:30 p.m.

Phone: (915) 242-8575

Fax: (915) 242-8574

Manager: Stephanie Hubbard

Phone: (915) 242-8375

Email: Stephanie.Hubbard@elpasochildren.org

****Billing records are NOT kept in the Health Information Management Department. If you are requesting billing records only, please contact Patient Financial Services at (915) 298-5444 ext. 43109 or (915) 242-8550**

**** Radiology images are NOT kept in the Health Information Management Department. If you are requesting radiology images only, please contact the Radiology Department at (915) 242-8353.**