

How to Request a Medical Record

1. Go to **Your Menu > Sharing Hub**.
2. Select **Yourself** to access your health records.

Sharing Hub
There are many ways to manage and share your health information. Let us help you find what you need.

Who do you want to share your health information with?

<p>Yourself You might be trying to get a copy for your personal reference.</p>	<p>Family member, close friend, or caretaker This person might be taking care of you or helping you track your health.</p>	<p>Healthcare provider A healthcare provider is a health professional (for example, a doctor, dentist, nurse, or social worker) or a healthcare organization.</p>	<p>Anyone else This might be someone at another organization, like your school, insurance, or workplace.</p>
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3. Select **Request a formal copy**.

How do you want to share your health information with yourself?

<p>Download or send a snapshot You can download or send a summary and specific visit details. You will get this as a human-readable file plus standard-based machine-readable files. This is available immediately.</p>	<p>Request a formal copy You can request specific pieces of information, including lab images, or request everything. This request might take a few days for your healthcare organization to process.</p>	<p>Give a third party app access You will need to go through the third party app to connect to MyChart.</p>
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4. Select a location to where you would like to send your request form.

Submit a new request for a formal copy of your health record
* Indicates a required field.

Where would you like to send this request form?

* Send to ▼

5. Complete the required questions and click **Continue**.
6. Click **I agree** to the consent form, and click **Send request**.

Consent for release of information
I understand (acknowledge) that this record might include sensitive information. If I am sharing this record with someone else, they will be able to see all of this information.

Notice
UCLA Health and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

Revocation
I may revoke this authorization at any time, by clicking **Cancel** or doing so in writing and submitting it to the address below:

UCLA Health
Health Information Management Services
10833 Le Conte Avenue, CHS BH-902
Los Angeles, CA 90095-7305

The revocation will take effect when UCLA Health receives it, except to the extent that UCLA Health or others have already relied on it.

My Rights
I understand this authorization is voluntary. Treatment, payment enrollment or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for:
1) conducting research-related treatment,
2) obtaining information in connection with eligibility or enrollment in a health plan,
3) determining an entity's obligation to pay a claim, or
4) creating PHI to provide to a third party.

I am entitled to receive a copy of this Authorization.

☒ I agree

Send request **Back**