

Patient Requesting Records Through MyChart

Patient's can now request their records from MyChart, our online patient portal. They can also receive requested records through the portal as well. This tip sheet outlines the patient's view and action needed to utilize MyChart for release of information (ROI) workflows.

Try It Out

 Patient must sign into MyChart and navigate to the My Record activity section and locate Document Center. Searching "Request" will also jump to the Document Center activity.

Menu		
Q request	its 🗹 Messages 👗 Test Results 🐼 Medications	
1 result from your search		
My Record	visit with LAURA FORD. PhD RN CNP	
Document Center Requested Records		Begin Visit

2. The patient next should select **Requested Records** to navigate to ROI requests. Clicking anywhere in the box will advance to the next step.

Visit Records	Requested Records
Download and send visit summaries that would be helpful for a new	Download records you specifically requested, such as:
provider, including details such as:	Legal information
Health Issues	Coordination of Care
Medications	Government reporting
Allergies	Worker's comp information
Plan of Care	Accounting disclosure
Who's Accessed My Record?	

3. In the Requested Records activity, patients will see any old request, current request, and also have the option to make a new request. To make a new request select the **Link.**



- 4. The hyperlink will launch the Medical Records Request activity. Patients should **complete the form** as they would complete the paper form. All information gathered here is included in the request message sent to Medical Records.
 - a. Note: Only primary care offices and hospital locations are listed here. The patient should put in the comments if they are requesting an additional location.

Modical Pacard Paguast					
Medical Record Request					
If you are currently accessing another patient's All fields are required. Records will be released	chart, this will be a request to MyChart only. They will n	for their medical re ot be printed or fax	cord, not yours. ed or mailed.		
Date of Service (Start):					
Date of Service (End):	—				
Service Location:	All locations Bronson Methodist H Bronson Methodist H Bronson Methodist H Bronson Methodist H	Hospital - Kalama Hospital - Battle (Hospital - South H Hospital - Lakevie	izoo Creek Haven tw		^
	Hold the CTRL key while clicki	ing to select multiple lo	cations.		
Information Requested:	Admission Evaluation	Cardiac Recor	ds Consults D	scharge Summary	
	History And Physical	Lab Reports	Medication Records	Neurodiagnostics Records	
	Operative Record	Pathology Report	Progress Notes	Psychiatric Admission History	
	Radiology Reports				
Other, specify content and dates:					

 The patient will need to agree to the terms of use which also includes the authorization information. Selecting Submit Request is the final step to initate the request to medical records.

	By clicking submit, you agree to the following: I authorize the release of health information, contained in my medical records including: • Information regarding communicable diseases and infections, as defined by statute and Michigan Department Of Health rules, which include venereal disease, Tuberculosis, Hepatitis A, B, C, Human Immunodeficiency Virus (HIV), and HIV testing. • Acquired Immunodeficiency Syndrome (AIDS) and AIDS related complex (ARC). • Alcohol and drug abuse treatment information protected under the regulations in CFR 42, Part 2. • Mental health treatment records, psychological services and social services information including communications made by me to a social worker. Therapist, or psychologist.
	Acknowledgement of Understanding: • I understand this authorization will expire 30 days from date signed. • I can cancel this authorization at any time by writing to Bronson Healthcare Group (BHG). • It will take effect on the date notified, except if action has already been taken. • I understand that if I release my medical record to a person or provider, they can release my medical record. I know I need to check with them about their privacy rules. • I will get an abstract of my medical record unless I ask for the complete record. • No conditions will be placed on me if I sign this form.
SUBMIT REQUEST	Michigan law says I may have to pay for: • Copies of my record • Inspection of my record • Written summary of findings • Bronson Healthcare Group will not benefit from disclosing this information