

# University Health Services

## Medical Records Request

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Student/Employee ID: \_\_\_\_\_

Please describe in full the types of records requested. Please be as specific as possible including dates of service and type of visit. If you are requesting your records faxed please provide fax number.

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### University Health Services Medical Records Request Policy

So that we can best serve the students and employees at UHS in a timely and efficient manner, we are implementing the following policy pertaining medical records request

- Patients may come to University Health Services (UHS) Tuesday through Thursday from 9:00AM to 12:00PM with valid picture ID to submit a request for personal medical records.
- UHS will process one encounter at the time of the request if asked.
- Request of records for more than one encounter will require 7 business days to process.
- After the patient has been notified that records are processed and available, the records may be picked up Tuesday to Thursday from 9:00AM -12:00PM.
- This policy also include requests for immunization records

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date