



INSTRUCTIONS FOR REQUESTING MEDICAL RECORDS

To have records sent to another healthcare provider for continuing care or to request records for personal use, please complete the **“Patient Directed Request for Medical Records”**

To request a copy of your medical records OR have a copy of your medical records sent to third party (insurance, disability, attorney, etc.) please complete the following steps:

- 1.) Download the “Authorization for Disclosure of Protected Health Information” Form
- 2.) Print and complete the authorization form **in its entirety and sign where indicated.**
- 3.) E-mail, Fax, Mail or drop off the completed, signed Authorization Form using the information provided below.

**University Cancer & Blood Center
Medical Records Department**
3320 Old Jefferson Rd. | Building 700
Athens, Georgia 30607
Fax: (706) 353-4357
Email: medicalrecords@universitycancer.com

Third Party Requestors

Insurance/Attorney/Disability
Requests from insurance companies, attorney’s or Departments of Disability Determination Services/SSA, should be **MAILED to the UCBC address listed. WE DO NOT ACCEPT FAXED REQUESTS FROM THIRD PARTIES.**

Radiology/Imaging Films/Discs

Please indicate on the authorization form if you are requesting imaging on a disc. **Please be aware that we can only provide imaging that was performed at UCBC.**

How do I obtain copies of medical records for those other than myself?

Power of Attorney for Healthcare

If you are requesting records as Power of Attorney for Healthcare on a current patient at UCBC you must submit a completed Authorization as well as POAHC documentation (if not already on file at UCBC)

Patients who are deceased

The legally appointed Executor of Estate must complete the authorization for release. If there is not an appointed Executor of Estate, the surviving spouse can consent for release. If there is no surviving spouse any surviving child can consent for release. If no surviving spouse or children, than any parent may consent for release.

Please complete and return the **“Deceased Patient Representative/Beneficiary Request”** form in addition to the **“Authorization for Disclosure of Protected Health Information”** form.

You must also provide a copy of the patient’s death certificate and documentation indicating your role as Executor of Estate. We cannot process deceased patient record requests without all of the required information.