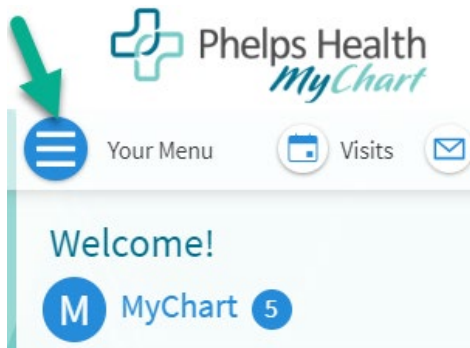
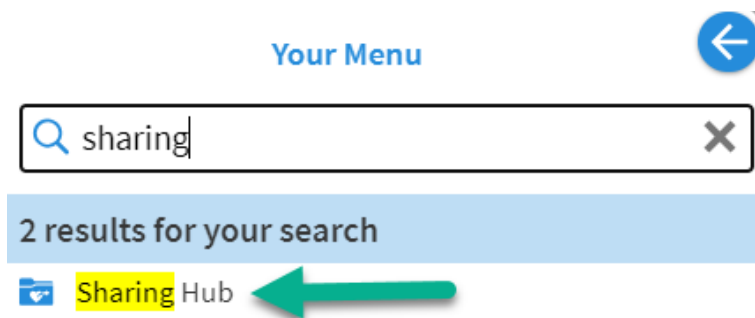
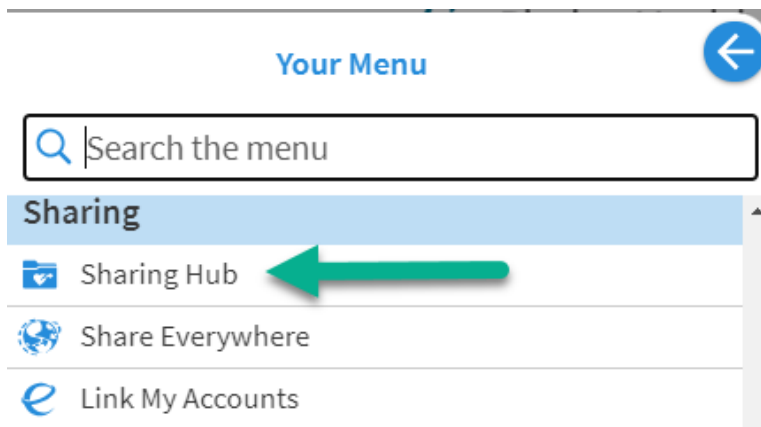


Log into MyChart and go to Your Menu.



Scroll down to the Sharing section and click Sharing Hub. You can also use the menu search bar and type sharing.







Select who you want to share your records with.


Sharing Hub

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

Who do you want to share your health information with?

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



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.

Complete the form and click Continue.

Request Formal Copy of Health Record

Request your medical record from your healthcare provider by answering a few questions. a few days.

Submit a new request for a formal copy of your health record

* Indicates a required field

* Who should we send this record to?

Me Someone else

Where should we send this information?

* Name Dr. MyChart	Attention to Dr. MyChart's Nurse
Address 1000 W 10th Street	Email drmychart@phelpshealth.c
* Phone number 573-555-5555	Fax number 573-555-5556

* Why are you requesting this record?

Continuing Care

*What dates do you want information from? (MM/DD/YYYY)

Date range All dates

*From

06/01/2023



*To

06/22/2023



Which location(s) do you want to request records from?

Phelps Health Hospital

Phelps Health Medical Group

Phelps Health DDCI - Oncology

Phelps Health Homecare/Hospice

Phelps Health Specific Provider

*What information do you want included in the record?

Discharge Summary

[What is this?](#)

Include

Emergency Department Record

[What is this?](#)

Include

History and Physical

[What is this?](#)

Include

Office Notes

[What is this?](#)

Include

Immunization

[What is this?](#)

Include

Lab Reports

[What is this?](#)

Include

I understand that the following types of information may be released if they are contained in my record: drug and alcohol abuse, diagnosis or treatment, psychiatric/mental health records, HIV/AIDS testing, and genetic testing.

Please include the name or clinic if you have selected records from a specific provider.

Dr. MyChart's office, Family Medicin

Continue



Review the information you've entered, as well as the consent for release of information. Check I agree, and 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.

I understand that I may revoke this request at any time by written request or by cancelling the request in MyChart. I understand that the revocation will not apply to information already released in response to this request.

I understand that this request will expire one year from the date of signature, and that this request is not valid for future dates of service.

I understand that there may be charges associated with processing a request and producing the requested records.

I understand that I may request a complete copy of my medical record, but due to file size, there may be limitations to uploading it to MyChart.

My submission of this MyChart Customer Service Medical Records Request serves as my electronic signature and my representation that I am the individual authorized to make this request.

I agree

Send request

Back

You can see that your request is being prepared. If you no longer need the records, you can cancel your request.

Requested Records

If you've previously requested medical records, they'll be available for download here.

Recently Requested Records

Formal copy of your health record

Requested 06/22/2023

Requested for Dr. MyChart

Your request is being prepared...

We'll notify you when your download is ready.

Cancel



Past Records (0)

If you have any questions, please send us a customer service message.