



Patient Request for Health Information

Patient Information (Please Print)

First Name:	Middle Initial:	Last Name:	
Name at Time of Treatment (if different from above)			
Date of Birth (MM/DD/YYYY):	Phone:	E-mail (optional):	
Street Address:	City:	State:	Zip:

What records do you want? (Check appropriate boxes below):

Date(s) of Service: ___/___/___ through ___/___/___

- Discharge Summary Emergency Room Records Operative/Procedure Reports
- Test Results (X-rays, Lab/Pathology Results). Please specify: _____
- Other (Immunization Records, Medication Lists) . Please specify: _____

How would you like your records delivered?

- Paper Electronic (CD)
- Home Delivery In-Person Pickup

Where do you want the information sent? (Fill in boxes below):

Martin Health System should provide my records to:

Recipient Name:	Recipient Phone:
Recipient Mailing Address:	Recipient Fax:

Please print your name and sign below:

Name of Patient or Personal Representative:	Relationship:
Signature of Patient or Personal Representative	Date:

Martin Health System recognizes a patient's right under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing requested records.

Frequently Asked Questions

1. How do I request my medical records?

You can mail your request **Attn: Health Information Management** to the Post Office Box located at the bottom of this form. You can fax your hospital records to 772-692-5140 or 772-781-2790 for office records. Records can also be requested through your online patient portal at www.mychart.martinhealth.org or in person at the following locations:

Martin Medical Center
200 SE Hospital Avenue
Stuart FL 34994

Martin Hospital South
2100 SE Salerno Rd
Stuart, FL 34997

Tradition Medical Center
Mann One Building, Suite 202B
10050 SW Innovation Way
Port St. Lucie, FL 34987

2. Once I request my medical records, how will I receive them?

You can pick them up at either Medical Center listed above during business hours or an invoice will be mailed to you and upon receipt of payment, records will be mailed.

3. Can I receive my records via fax or Email?

No. Due to HIPAA rules and regulations, we only fax patient medical records to other medical facilities for immediate patient care.

4. Is there a charge for copies of medical records?

Yes, per Federal and State Regulations, we are authorized to charge up to \$1.00 per page for copies of medical records. There is no charge for medical records if they are provided directly to your physician.

5. What are the business hours for Release of Information (ROI)?

Monday – Friday 8:00 a.m. to 4:00 p.m.

6. Who can pick up my records?

Only you can pick up your records unless you authorize pick up by another person on the signed and dated authorization form. Appropriate ID must be shown before medical records can be released.

7. Who can request my records?

Only you or the person/entity authorized by you to obtain records may request records. A Guardian, Healthcare Surrogate/Proxy or Power of Attorney (POA must specifically authorize the POA to request/obtain medical records) may request copies of your medical records. A copy of the corresponding documentation and appropriate identification must be presented before records will be released.

8. How do I request someone else's records?

Only under certain circumstances can you request and receive someone else's records. You must be the parent of the minor child (under 18) who is not emancipated; or have Guardianship, Power of Attorney or Health Care Surrogate/Proxy for the patient you are requesting; or provide a court order allowing you to obtain records. Documentation must be provided.

9. Can I request records on a deceased person?

Records on deceased patients can be requested by the appointed Personal Representative (executor) of the deceased's estate, next of kin (surviving spouse, adult children, parents, or siblings). Proper documentation and identification must be provided. This may include court documentation, death certificate, and documentation providing relationship, i.e. an adult child requesting their deceased parents records must provide proof there is no surviving spouse and a birth certificate identifying patient as their parent.

10. Who can I call regarding my records? Billing/Radiology/etc.? (772) 287-5200; select prompt 4 for "Other departments," then follow prompts.