There is a fee charged for the search and duplication of medical records for all patient requests released to the patient.

A prepay notice will be mailed or emailed (via MyChart) and once paid; the records will be released.

Some records requested to be released to MyChart will only be available to be sent via US Mail. This will depend on the year the visit occurred and / or what electronic system the records were generated in.

For medical records to be sent directly to a physician office, hospital or third parties and for radiology image requests, please complete a MUSC HIPAA Compliant Authorization Form. **The authorization form will need to be mailed or faxed to Health Information Services as provided on the bottom of the form.** The authorization form and FAQ about obtaining medical records can be located at http://www.muschealth.org/patients-visitors/medical-records/obtaining-records.html

Request Medical Records via MyChart

To request medical records from within MyChart, please click on MY MEDICAL RECORD, choose QUESTIONNAIRES.

Please choose REQUEST MY MEDICAL RECORDS.

Once chosen, the below questionnaire will appear. Please complete ALL required fields and click CONTINUE to review.

Request My Medical Records

By completing this questionnaire, you are authorizing MUSC to release additional records that are not automatically released to your MyChart account. Please specify specific date ranges and records in the request. Only records in the system as of the date submitted will be released. Records requested via this questionnaire will be subject to appropriate fees. A prepay notice will be emailed. Once paid, records will be released. Any request for radiology imaging cannot be submitted in this questionnaire.

*Indicates a required field.

*I authorize MUSC Medical Center to disclose / release information to my MyChart account

| Yes | No |

*I acknowledge that the purpose of this release is Patient Request.

| Yes | No |

*Requesting records beginning from the date below

Enter the date(s) of service that you are requesting records for. For example: Office Visit records for 1/1/15 visit or records from 1/1/2015 to 2/1/2015.

[   ] 🗓

*Ending on the below date. (do not chose a date past today)

Enter the date(s) of service that you are requesting records for. Do not chose a date past today. For example: Office Visit records for 1/1/15 visit or records from 1/1/2015 to 2/1/2015.

[   ] 🗓

*Information to be released:

Select the information you want released to MyChart.

Select all that apply.

Entire Record

Immunization records

Medication list

Continue   **Finish Later**   **Cancel**

Please review your answers and if correct hit SUBMIT QUESTIONNAIRE. This request will go to medical records for processing.

REQUEST RECORDS TO BE RELEASED TO MYCHART

Please review your responses. To finish, click **Submit Questionnaire**. Or, click any question to modify an answer.

Question	Answer	
I authorize MUSC Medical Center to disclose / release information to my MyChart account	Yes	✎
Purpose of Release	**Patient Request**	✎
Requesting records beginning from the date below	01/01/2016	✎
Ending on the below date	01/05/2016	✎
Information to be released:	**Entire Record**	✎
I understand this information may include reference to psychiatric / psychological care, sexual assault, drug abuse, results of tests for all infectious diseases including HIV / AIDS and / or alcohol abuse.	Yes	✎
I understand that fees for electronic copies of medical records may be charged as provided by S.C. Law.	Yes	✎
I understand that authorizing the disclosure of protected health information is voluntary.	Yes	✎
I acknowledge that I can refuse to sign this authorization.	Yes	✎
I acknowledge that I do not need to SUBMIT this form to receive treatment.	Yes	✎
I understand I may review and / or copy the information to be disclosed, as provided in 45 CFR § 164.524.	Yes	✎
I understand that any disclosure of information carries with it the possibility of unauthorized disclosure by the person / organization receiving the information.	Yes	✎
I understand that State Law Allows 45 Days for Processing.	Yes	✎
I understand that I have a right to cancel / revoke this authorization at any time. I understand that if I cancel / revoke this authorization I must do so in writing and present my written cancellation / revocation to the Health Information Services Department (Medical Records). I understand that the cancellation / revocation will not apply to information that has already been released in response to this authorization, as stated in the Notice of Privacy Practice. Unless otherwise canceled / revoked, this authorization will expire / end one year from this date.	Yes	✎

Back   **Submit Questionnaire**   Finish Later   Cancel

Once your request is processed, you will receive your eligible records via MyChart. You will receive a tickler message in your email that you have a new message from Medical Records or Download your record you requested.

You Might Want To...

Read your messages. You have 28 new messages.

Download the record you requested on Friday, January 8, 2016.

To access your released records, go to MY MEDICAL RECORD and choose REQUESTED RECORDS.

All records are password protected, click SHOW PASSWORD to view the system generated password.

Highlight password and right click to choose copy. Click DOWNLOAD and when document asks for password right click and paste the password. Records will download into a PDF document.