



MENU



How can we help you?



MYNM



HELP

MEDICAL RECORDS REQUEST

Print and fill out the Release of Information (ROI) Form below:

- [Authorization for Release of Information](#)
- [Authorization for Release of Information \(Occupational Health Records\)](#)

You may submit your request:

- [Via fax to 312-926-3093](#) (Attention: Health Information Management)
- Via mail to Health Information Management, 541 N Fairbanks, Suite 1475, Chicago, IL 60611
- If you need to speak to a representative about the status of your request please call **312-926-3376**

PATIENTS' PRIVACY RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), patients have the following rights:

- To request a change or amendment to their health information if they believe there is an error
- To obtain a listing of individuals and/or organizations that have received their health information from Northwestern Memorial HealthCare clinical affiliates; this is also known as an Accounting of Disclosures
- To restrict disclosures of their health information

Please print and complete the appropriate form and submit your request to: