To Obtain a Copy of your UW Medicine medical record you must do the following:

- Go to www.uwmedicine.org and complete a “Patient Authorization to Disclose/Release or Obtain Protected Health Information/Patient Request to Access PHI” form or write to us specifying the dates and type of records that you are requesting
- You may mail, fax, or email the request
- Email completed and signed authorization form to uwmedroi@uw.edu
- When requesting on behalf of a patient, please include a copy of your power of attorney

Harborview Medical Center
UW Medical Center
UW Neighborhood Clinics
Hall Health Center
Box 359738
325 Ninth Ave
Seattle, WA 98104
Fax: 206.744.9997
Phone: 206.744.9000

Northwest Hospital & Medical Center
Mail: 1550 North 115th St., D-129
Seattle, WA 98133
Fax: 206.368.1920
Phone: 206.368.1616

Valley Medical Center
Mail: 400 S 43rd St
Renton, WA 98055
Fax: 425.656.4026
Phone: 425.251.5159

Release of Information for:
Harborview Medical Center
Northwest Hospital & Medical Center
University of Washington Medical Center
UW Neighborhood Clinics
Hall Health Center
Valley Medical Center
Welcome to UW Medicine’s Health Information Management Department. We are here to assist you with obtaining copies of your personal medical records.

Copies of your medical records can be presented to you in the following formats:
- Paper copies
- Electronic copies
- Electronic access can be obtained at www.uwmedicineecare.org

We can provide you with the following medical record documentation:
- Symptoms
- Test results
- Diagnoses
- Care plans
- Consultation reports
- Discharge summaries
- Physician orders
- Assessments
- Consents
- Advance directives
- Images
- Data in various mediums including photographs, trend charts
- Records of inpatient and outpatient care
- Other documentation provided by our healthcare professionals

We can also provide you with information on billing-related records including:
- Patient-identifiable claims submitted for payment of services
- Other patient data used for payment purposes
- Documentation for reimbursement of services provided

CONFIDENTIALITY AND OWNERSHIP

By law, we can only disclose your protected health information for specific purposes including:
- To provide treatment
- To bill for services
- To support daily activities related to healthcare
- To teach and train staff and students
- For Institutional Review Board-approved research
- As authorized by law or by the patient and/or his/her legal representative

REQUEST VISIT/CHART NOTES OR ALL MEDICAL RECORDS:

Summary of Visit/Chart Notes may include the following based on the location where you received care:
- Narrative Documentation: Emergency Department notes, admission notes, discharge summary, interim summary, consultations, history and physical, progress notes
- Test Results: Lab reports, radiology reports, pathology reports, EEG, ECG/EKG reports
- Operative: Operative and procedure reports
- Orders: Discharge medication orders, discharge instructions
- Outpatient: Outpatient clinic notes, immunization records, allergy, problem list, medication list

If you request all of your medical records you may receive the following if this information is present in the records requested in addition to the documents listed above:
- Airlift Northwest flight logs, assessment flow sheets, advance directives, patient demographic data, ambulance records, consent for care, financial consents
- Anesthesia record and reports, pre-operative notes, post-operative notes, surgical neuro monitoring, operative vital signs, surgical consents, blood slips/transfusion notes
- Admission orders, physician orders, pre and post surgery orders, anesthesia orders, clinic orders, medication orders
- Daily nursing assessments, vital signs, medication admission record, fluids in and out flow sheet, respiratory flow sheets
- Outpatient flow sheets
- Radiology, endoscopy and other images