

UCONN Medical Records Release Form

<http://health.uchc.edu/patientguide/healthinformation.htm>

Once completed, this form may be dropped off at the Health Center's Release of Information Office (2nd Floor, main building, room C2077), faxed to 860-679-1273 or mailed to:

Release of Information
UConn Health Center
263 Farmington Ave
Farmington, CT 06030-2260

TIPS:

- #2. You need to write a time frame of the dates you had appointments.
- #3. To have your records "Released To Yourself or Someone Else" **x** off "TO BE DISCLOSED"
 - a. In the boxes under #3 carefully mark **x** next to the boxes to request the specific information to be released. Helpful information would be "radiology film" and either "entire record" or "discharge summary", "outpatient clinic note" (write in orthopaedic clinic), "other" (write in operative notes), and "radiology reports" .
- #5. To have your records sent somewhere else **x** "to be disclosed" and circle continued care.
- #6. To have your records sent to us **x** "to whom the disclosure is to be made"
 - a. Dr. Michael Aronow/Orthopedic Associates of Hartford,
85 Seymour St., Suite 607, Hartford, CT 06106 Phone# 860-549-8258,
Fax# 860-524-8965

#14. Print your name. Sign and date the form.

You may want to put your own phone # on the form, in case the records department needs to contact you.

If you have any other questions you may contact the **UCHC Medical Records Dept. at 860-679-2787.**