Requesting a Formal Copy of Medical Records for Personal Use through MyChart.

1. Log into MyChart.

MyChart
Powered by
Salem Health

Ver en Español

MyChart Username

Password

Sign in

Forgot username?   Forgot password?

Sign Up Now

Sign up with activation code

Sign up without activation code

Pay your bill online

Get an estimate
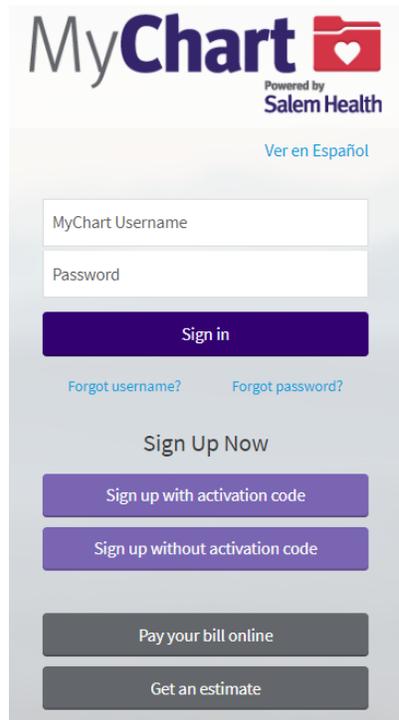
2. Once logged into MyChart, click on Menu and scroll down to Sharing Hub.

Menu

🔍 Search the menu

🔲 Billing Summary

🔢 Estimates

Insurance

☂ Insurance Summary

📋 Referrals

Sharing

📁 Sharing Hub

🌐 Share Everywhere
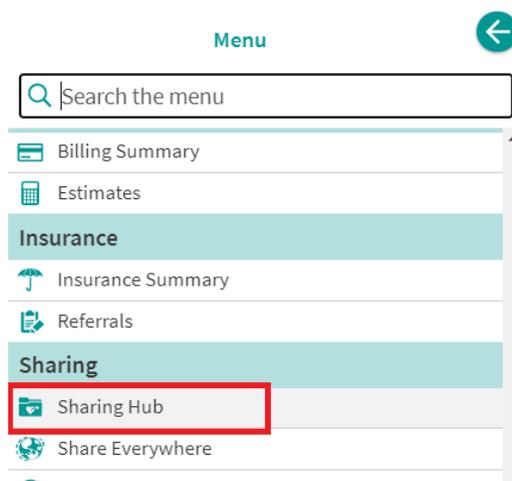
1. Select who you would like your records to be shared with:

2. Select how to share your medical records:

3. Select **Salem Health** for hospital *and* Salem Health Medical Group clinic records.
    a.   Complete the form (shown below)

Request Formal Copy of Health Record

Request your medical record from your healthcare provider by answering a few questions. This request requires processing by your healthcare organization and you will receive a notification from MyChart once it has been completed.

Submit a new request for a formal copy of your health record
*Indicates a required field

*Where would you like to send this request form?

    1. Salem Health   ▾

*Who should we send this record to?

| Me | Someone else |

*What dates do you want information from?

| Date range | All dates |

*What information do you want included in the record?

Clinic/Office/Urgent Care Notes What is this?	Include
Detail Bill What is this?	Include
Emergency Care Records What is this?	Include
History & Physical What is this?	Include
Imaging report What is this?	Include
Immunization Record What is this?	Include
Lab/Pathology Reports What is this?	Include
Operative Reports What is this?	Include
Rehab Records What is this?	Include
Other	Include

    b.   If the records you are requesting contain any of the following health conditions, you will need to check the box(es) acknowledging you are requesting these be released.

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. By selecting any of the boxes below, I understand and agree that information related to that box will be disclosed.

The boxes below are selected when they appear blue.

| Include HIV/AIDS | Include Drug/Alcohol | Include Mental Health | Include Genetic Testing |

This authorization will expire on the date you indicate or 180 days from the date this request is submitted.

| Continue |

4. Verify the request information is correct. Then click "I agree" and Send request.

Request Formal Copy of Health Record

Request your medical record from your healthcare provider by answering a few questions. This request requires processing by your healthcare (from MyChart once it has been completed.

Submit a new request for a formal copy of your health record

Please review your responses. If everything looks correct, click or tap Send request.

Question	Answer
Where would you like to send this request form?	1. Salem Health
Who should we send this record to?	Me
What dates do you want information from?	All dates
What information do you want included in the record?	Clinic/Office/Urgent Care Notes

This authorization will expire on the date you indicate or 180 days from the date this request is submitted.

Consent for release of information

I understand that the information used or disclosed as stated in this authorization may be subject to re-disclosure by the recipient and no longer protected by fe that federal or state law may restrict re- disclosure of drug/alcohol diagnosis, treatment or referral, HIV/AIDS-related, and psychiatric/mental health information.

I understand that Salem Health will not condition treatment, payment, enrollment or eligibility of benefits on whether I sign this authorization.

I understand that I may revoke this authorization at any time by notifying the Privacy Officer, in writing, at 890 Oak Street SE, Salem, OR 97301. This authoriza to the extent action has already been taken in reliance upon it.

If you are requesting that your information be sent to you or another person by email, you further acknowledge and agree to the risks of transmitting and receiv and hold harmless Salem Health Hospitals and Clinics and its related and affiliated entities from any liability that may result from using e-mail to communicate v receive emails that include your Health Information. This includes, but is not limited to, breaches of confidentiality or privacy that may come from using e-mail (e

By clicking "I agree" below, I acknowledge that I have read and understand this authorization, and agree to such disclosure.

☐ I agree

[Send request] [Back]

5. You will see a confirmation of your request.

Requested Records 🖨

If you've previously requested medical records, they'll be available for download here.

Recently Requested Records ⌃

Formal copy of your health record ⓘ
Requested 02/07/2023
Your request is being prepared...
We'll notify you when your download is ready.

[Cancel]