Patient Access Request for Medical Information

Mount Sinai

Please print patient information

Last Name _____ First Name _____ Middle Name _____

Name at Time of Treatment (if different than above) _____

Date of Birth (mm/dd/yyyy) _____ Phone Number _____ Email (optional) _____

Street Address _____ City and State _____ Zip Code _____

Location(s) of Service (check only those where you received services)

- ☐ The Mount Sinai Hospital
- ☐ Mount Sinai Beth Israel
- ☐ Mount Sinai Brooklyn
- ☐ Mount Sinai Morningside
- ☐ Mount Sinai Queens
- ☐ Mount Sinai South Nassau
- ☐ Mount Sinai West
- ☐ New York Eye and Ear Infirmary of Mount Sinai
- ☐ The Blavatnik Family Chelsea Medical Center
- ☐ Mount Sinai-Behavioral Health Center
- ☐ Mount Sinai-Union Square
- ☐ **Mount Sinai Doctors:**
  - ☐ Brooklyn
  - ☐ Bronx/Westchester
  - ☐ Manhattan/Queens
  - ☐ Staten Island
  - ☐ Florida
  - ☐ Long Island
- ☐ Other (please specify): _____

Please Fill In Information and Check All Boxes That Apply

Records/Information Requested	Date(s) of Service	Location(s) of Service
☐ Entire Medical Record		
☐ **Inpatient Visit(s):**		
☐ Discharge Summary		
☐ Operative Report		
☐ Ambulatory Surgery		
☐ Emergency Department (ER)		
☐ **Outpatient Physician Office:**		
☐ Provider Name: _____		
☐ **Outpatient Clinic:**		
☐ Clinic Name: _____		
☐ Designated Record Set		
☐ **Test Results:**		
☐ Cardiac Cath Reports ☐ Cardiac Cath Films ☐ Radiology Reports ☐ Radiology Images ☐ Pathology Reports ☐ Pathology Slides ☐ Laboratory		
☐ Other (please specify): _____		

Purpose of Request: ☐ Self ☐ Continuing Treatment ☐ Benefits ☐ Other: _____

Please Check Requested Format/Mode of Delivery

Paper: ☐ Mail ☐ Pickup **Disc:** ☐ Mail ☐ Pickup ☐ Onsite Inspection

Electronic: ☐ PDF/Email Email to send record to **(required)**: _____

The Mount Sinai Health System responds to patient access requests in accordance with HIPAA and NYS laws. We will not condition treatment or payment on whether you sign this authorization. However, if you refuse to sign we will not release your records.

Patient Understanding and Signature
By signing below, I am requesting that Mount Sinai provide me with access to health information in the manner described above. I understand that requests for medical record copies are subject to reproduction fees allowed by laws and regulations, and that I will have an opportunity to modify or withdraw my request if I do not want to pay those fees.

Patient,* Guardian or Representative**

Print Name	Signature	Date	Time	Relationship or "self"

Address	Phone Number

Send Complete Form to the Most Appropriate Area Listed Below		
Site	**Address**	**Phone Number**
The Mount Sinai Hospital	The Mount Sinai Hospital | HIM/Medical Records One Gustave L. Levy Place, Box 1111, New York, NY 10029	212-241-7607
Mount Sinai Beth Israel	Mount Sinai Beth Israel | Health Information Management/Medical Records 150 East 42nd Street, Fifth Floor, Section D, New York, NY 10017	212-420-2665
Mount Sinai Brooklyn	Mount Sinai Brooklyn | Health Information Management 3201 Kings Highway, Brooklyn, NY 11234	718-951-2806
Mount Sinai Morningside	Mount Sinai Morningside | Health Information Management 1090 Amsterdam Avenue, 13th Floor, Suite B, New York, NY 10025	212-523-3265
Mount Sinai Queens	Mount Sinai Queens | HIM/Medical Records 25-10 30th Avenue, Long Island City, NY 11102	718-808-7683
Mount Sinai South Nassau	Mount Sinai South Nassau | Health Information Management One Healthy Way, Oceanside, NY 11572	516-632-3907
Mount Sinai West	Mount Sinai West | Health Information Management 1000 Tenth Avenue, New York, NY 10019	212-523-6623
New York Eye and Ear Infirmary of Mount Sinai	New York Eye and Ear Infirmary of Mount Sinai | Medical Records 310 East 14th Street, New York, NY 10003	212-979-4352
The Blavatnik Family Chelsea Medical Center	The Blavatnik Family Chelsea Medical Center Health Information Management 325 West 15th Street, New York, NY 10011	212-604-6045
Mount Sinai-Behavioral Health Center	Mount Sinai-Behavioral Health Center Health Information Management/Medical Records 150 East 42nd Street, Fifth Floor, Section D, New York, NY 10017	212-420-2665
Mount Sinai-Union Square	Mount Sinai-Union Square Health Information Management/Medical Records Attn: Outpatient Team 150 East 42nd Street, Fifth Floor, Section D, New York, NY 10017	212-420-2665
Mount Sinai Doctors	Call practice to obtain address information **OR** Mount Sinai Doctors | Medical Records One Gustave L. Levy Place, Box 1111, New York, NY 10029	Contact the individual practice or request your records online by entering the following web address in your browser: **swellbox.com/mtsinai-wizard.html**

* The signature of the patient must be obtained unless the patient is under the age of 18 or incompetent.
** Throughout this document, the term "representative" refers to a legally authorized representative.