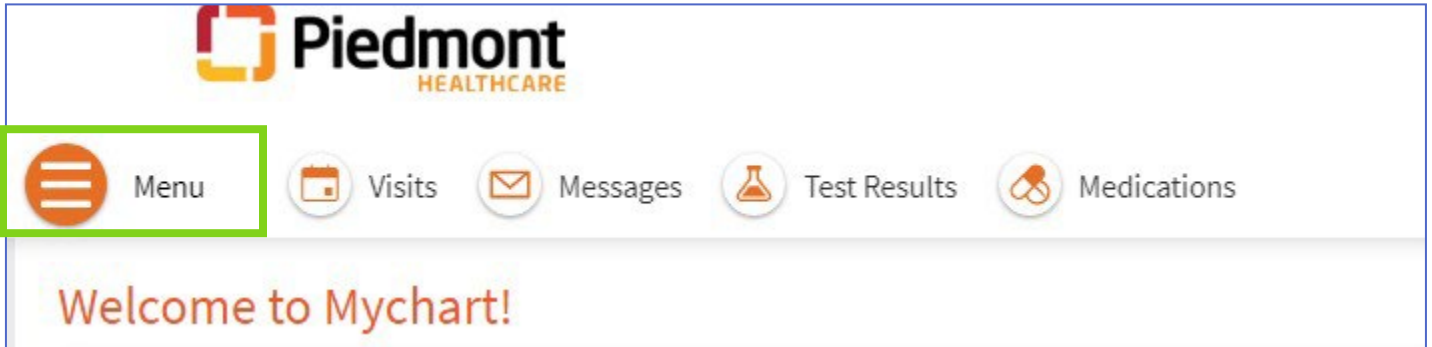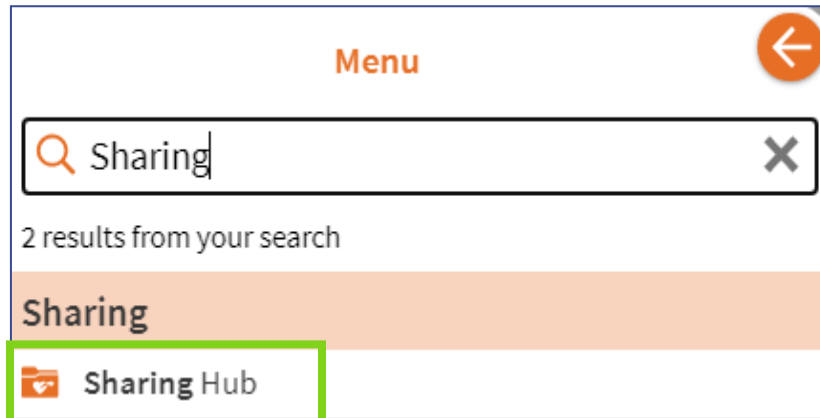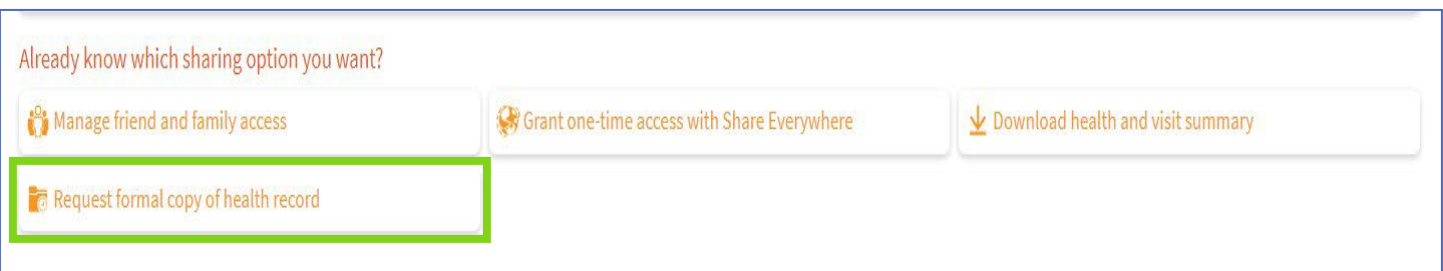# How Do I Request My Records in MyChart?

1. Log in to your MyChart account and navigate to the **Menu** Icon. Scroll or search for **Sharing**.
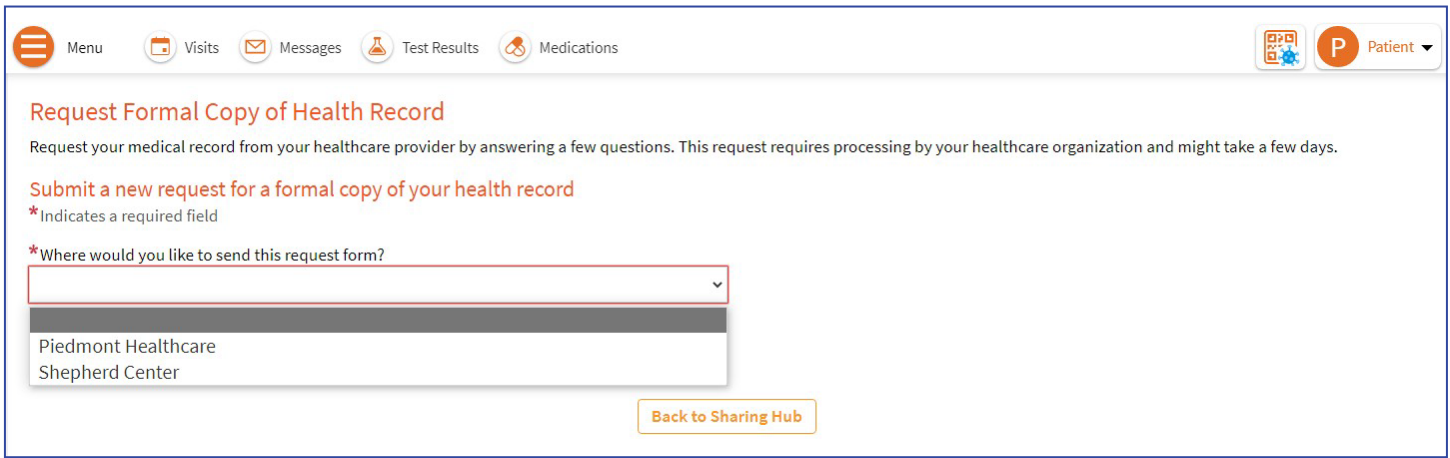

2. Select **Sharing Hub** from the Menu

3. **Sharing Hub** page, scroll down to bottom of the page and select **Request formal copy of health record**

4. Select the organization that you would like to send this request to:

| ☰ Menu | 🗓 Visits | ✉ Messages | ⚗ Test Results | ⚗ Medications | | ⬛ | P Patient ▾ |

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 might take a few days.

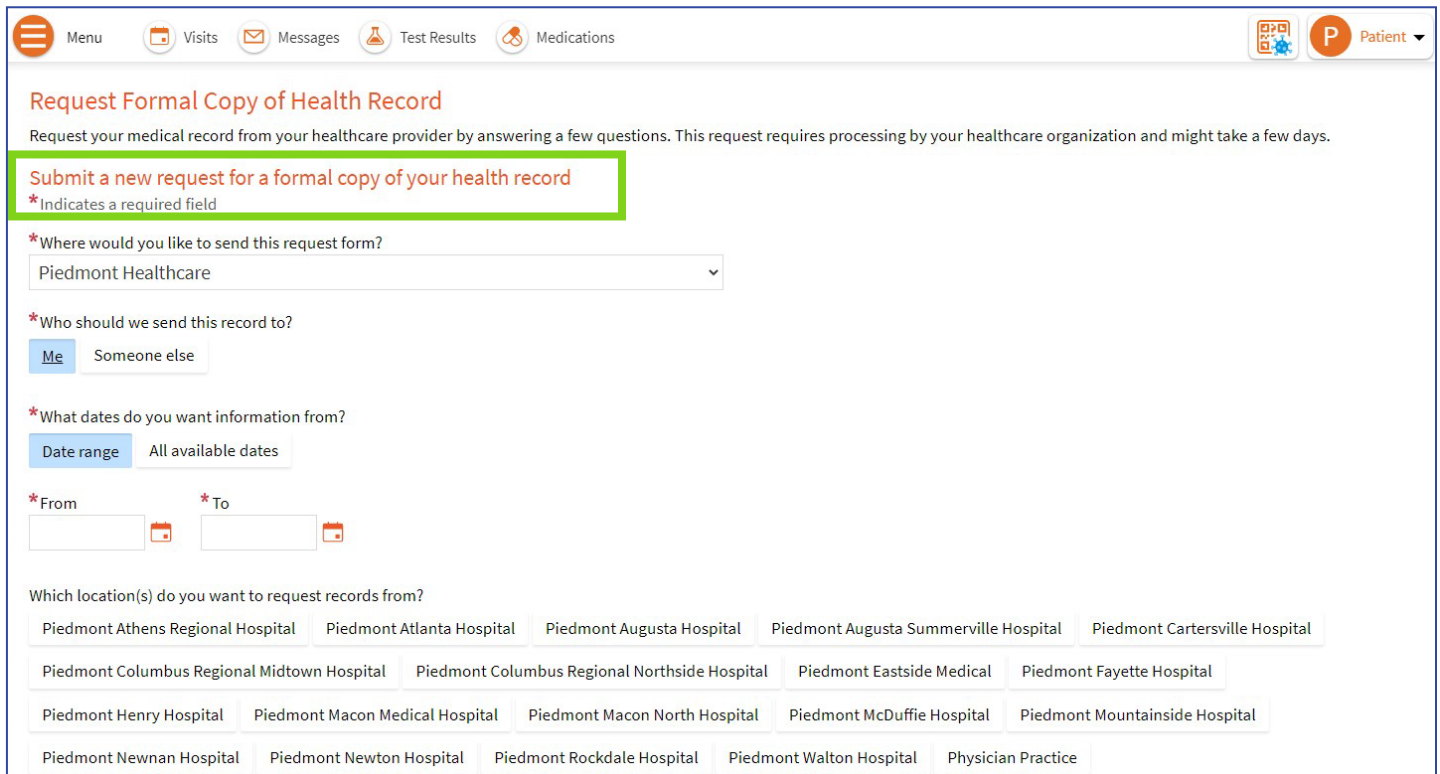**Submit a new request for a formal copy of your health record**
*Indicates a required field

*Where would you like to send this request form?

[⌄]

Piedmont Healthcare
Shepherd Center

[Back to Sharing Hub]

5. Complete section: **Submit a new request for a formal copy of your health record.** * indicates a required field.

| ☰ Menu | 🗓 Visits | ✉ Messages | ⚗ Test Results | ⚗ Medications | | ⬛ | P Patient ▾ |

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 might take a few days.

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?

[Piedmont Healthcare   ⌄]

*Who should we send this record to?

[Me] [Someone else]

*What dates do you want information from?

[Date range] [All available dates]

*From   *To

[🗓]   [🗓]

Which location(s) do you want to request records from?

| Piedmont Athens Regional Hospital | Piedmont Atlanta Hospital | Piedmont Augusta Hospital | Piedmont Augusta Summerville Hospital | Piedmont Cartersville Hospital |

| Piedmont Columbus Regional Midtown Hospital | Piedmont Columbus Regional Northside Hospital | Piedmont Eastside Medical | Piedmont Fayette Hospital |

| Piedmont Henry Hospital | Piedmont Macon Medical Hospital | Piedmont Macon North Hospital | Piedmont McDuffie Hospital | Piedmont Mountainside Hospital |

| Piedmont Newnan Hospital | Piedmont Newton Hospital | Piedmont Rockdale Hospital | Piedmont Walton Hospital | Physician Practice |

6. Read and click **I agree** check box to Consent for release of information and click **Send request**

Consent for release of information

I understand that the information that I am authorizing above to use/disclose may include information related to the diagnosis or treatment of mental illness, substance abuse, chemical dependency, and alcohol abuse, including privileged psychiatric or psychological communications and other detailed mental health information; infectious diseases, such as HIV/AIDS, venereal disease, tuberculosis or hepatitis; and genetic testing or information derived from genetic testing.

I hereby waive any privilege concerning such information for the disclosure to the person or entity I have authorized above. I understand that the information used/disclosed pursuant to this authorization will not include psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing contents of conversation during a counseling session that are kept separate from the rest of the medical record.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and may then no longer be protected by the federal privacy regulations.

I understand that unless otherwise limited by state or federal regulations, I may revoke this authorization at any time by presenting my revocation in writing to the entity checked above, except to the extent that such entity has taken action in reliance on this authorization. I understand that a revocation form may be obtained from the entity checked above.

I understand that this authorization is specific to the information, purpose and date(s) of services indicated above. I further understand that this authorization is valid for 90 days from today's date and will expire at that time unless another date is written here →:

Lastly, I understand that a healthcare provider shall not condition treatment on the receipt of this authorization, except when such conditioning is permitted for research-related treatment or in instances where the sole purpose of creating the health information is for disclosure to a third party, for example a fitness-for-duty exam.

Note: There may be fees for provision of the information requested; however, records for treatment purposes may be faxed to the patient's healthcare provider when requested at no charge. Under most circumstances, applicable law permits up to thirty (30) days for record requests to be processed.

I authorize the release of my records consistent with this request and understand that information disclosed according to this request may no longer be protected by federal privacy law.

☑ I agree

Send request   Back

7. **Requested Records** displays the status of your request.

☰ Your Menu   📅 Visits   ✉ Messages   🧪 Test Results   💬 Talk to a Provider

🖨

Requested Records

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

Recently Requested Records ∧
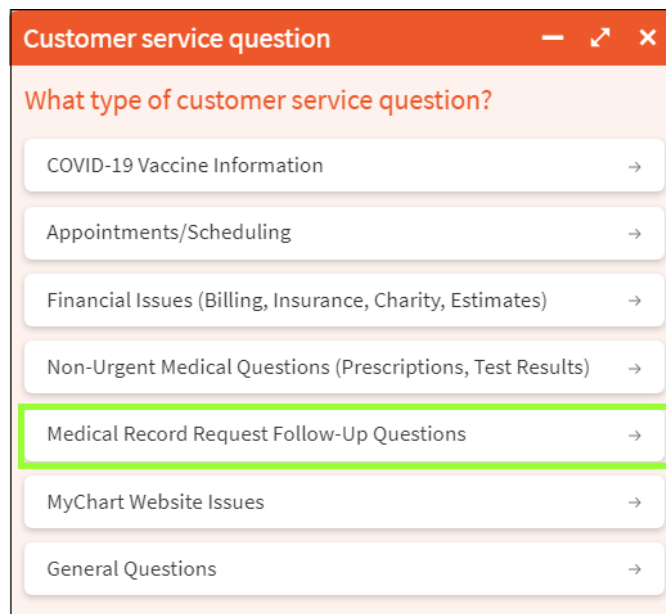
Formal copy of your health record ⓘ
Requested 08/03/2023
Your request is being prepared...
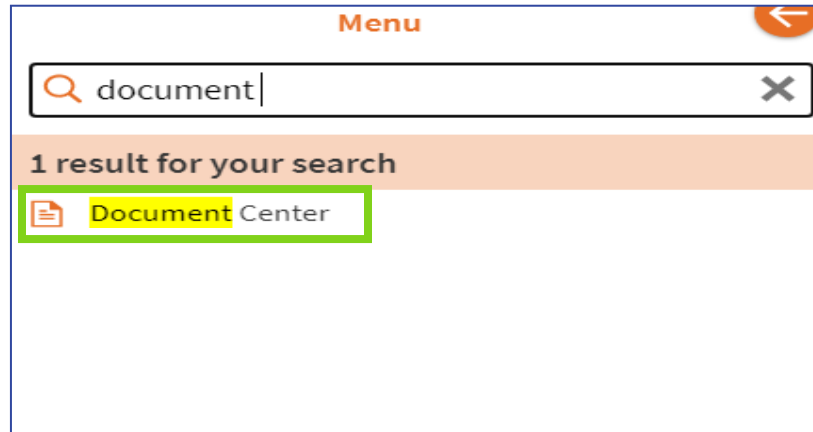We'll notify you when your download is ready.

Cancel

Past Records (0) ∨

If you have any questions, please send us a customer service request.

Back to the home page

How to see the status of your request

1. Select or search for **Document Center** form the menu

2. Click on **Requested Records**

Request Your Records via MyChart

3. When the request is processed, click **Download**.

4. The **Confirm download** box will appear. Click **Download** and use the password displayed in the Confirm download box to save the record to your device.

   Note: Windows Explorer zip tool will not open this file. You may need to use another zip tool such as 7-Zip, WinZip or PKZip.

Have Questions?

Click on **send us a customer service request** and select **Medical Record Request Follow-Up Questions**.