Medical Records

The University of Chicago Medicine recognizes patients have the right to access their medical information under the HIPAA regulation. This right includes access whether the patient is an inpatient or outpatient. Policy 02-02 Release of Patient Medical Information and Emergency Release provides further information.

Inpatient Requests
Requests to review or release a record while the patient is an inpatient are honored when it does not interfere with patient care, meaning a health care provider has determined, in the exercise of professional judgment, that the access of the medical record is reasonably likely to endanger the life or physical safety of the patient or another person. When an inpatient requests access to his/her medical record, follow these steps:

- Contact your direct supervisor or Nurse Manager who is on the patient's treatment team.
- If access to the record does not interfere with the patient's care, ask the patient to complete the UCM Request and Authorization to Copy Health Information. The patient must be given a copy of the completed form and it must also be scanned into the electronic record. The original should be sent directly to the medical records department.
- A member of the care team must provide supervision during the review so that content can be explained to the patient and integrity of the medical record is maintained.
- If you need assistance, please contact the following departments:
  - HIPAA Program Office: 4-9716
  - Office of Legal Affairs: 2-1057
  - Health Information Management: 2-1699
  - Administrator On Call (HOA): Pager 7500# (After hours)

Outpatient Requests
The HIPAA Privacy regulation requires a patient’s written authorization to use or disclose protected health information (PHI), with some exceptions including treatment, payment, and health care operations. In addition, Illinois state law requires the patient’s written consent prior to disclosure of certain types of highly confidential information (HCI), (i.e. mental health, HIV/AIDS, and genetic testing
Guidance: Medical Records

A patient or their legal guardian may request copies of their health information be provided to a third party (i.e. non-UCMC physician or clinic) or they may wish to receive a copy or their medical record directly. A Request and Authorization to Copy Health Information form will need to be completed and signed by the patient when there is a request to disclose information. If a patient has questions regarding the disclosure of medical information he/she should be referred to the UCM organization responsible for maintaining that record. A complete list of organization addresses and phone numbers can be found on the Instructions for Completing Request and Authorization to Copy Health Information form.

Any questions/comments/concerns please feel free to reach out to the Privacy Program at:

773-834-9716 or hpo@bsd.uchicago.edu