Mount Sinai

PATIENT ACCESS REQUEST FOR MEDICAL INFORMATION

PLEASE PRINT PATIENT INFORMATION

LAST NAME:	**FIRST NAME:**	**MIDDLE:**
Name at Time of Treatment (If different than above)		
Date of Birth (MM/DD/YYYY):	Phone:	Email (optional):
Street Address:	City & State:	Zip Code:

LOCATION(S) OF SERVICE (check only those where you received services):

☐ Mount Sinai Beth Israel
☐ Mount Sinai Queens
☐ Mount Sinai West (aka Roosevelt)
☐ Mount Sinai St. Luke's
☐ Mount Sinai Chelsea
☐ Mount Sinai Doctors Faculty Practice:
☐ Long Island ☐ Manhattan/Queens ☐ Brooklyn ☐ Bronx/Westchester ☐ Staten Island
☐ Mount Sinai Hospital
☐ New York Eye and Ear Infirmary at Mount Sinai
☐ Mount Sinai Brooklyn (aka Kings Highway)
☐ Mount Sinai Union Square
☐ 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 ☐ Radiology Reports ☐ Pathology Reports ☐ Laboratory		
☐ Cardiac Cath Films ☐ Radiology Images ☐ Pathology Slides		_____
☐ Other_____	_____	_____

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.

Signature of Patient or Personal Representative:_____Date:_____

(Personal Representative to sign only if patient is a minor or unable to sign on his/her own behalf)

Personal Representative Print Name:_____Relationship/Authority:_____

Address: _____Telephone Number: _____

SEND COMPLETE FORM TO THE MOST APPROPRIATE AREA LISTED BELOW		
Site	**Address**	**Telephone 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 Queens	Mount Sinai Queens HIM/Medical Records 25-10 30th Avenue Long Island City, NY 11102	718-808-7683
Mount Sinai Beth Israel	Mount Sinai Beth Israel Health Information Management First Avenue at 16th Street New York, NY 10003	212-420-2665 x-0
Mount Sinai Brooklyn	Mount Sinai Brooklyn Health Information Management 3201 Kings Highway Brooklyn, NY 10025	718-951-2806
Mount Sinai Doctors Faculty Practice	Make requests directly to the practice – Call practice to obtain address information OR Mount Sinai Doctors Faculty Practice – Medical Records 1 Gustave L. Levy Place, Box 1111 New York, NY 10029	Individual Practice
Mount Sinai Union Square	Mount Sinai Beth Israel Health Information Management First Avenue at 16th Street New York, NY 10003 Attn: Outpatient Team	212-844-5275
Mount Sinai St. Luke's	Mount Sinai St. Luke's Health Information Management 1111 Amsterdam Avenue New York, NY 10025	212-523-3265
Mount Sinai West	Mount Sinai West Health Information Management 1000 Tenth Avenue New York, NY 10019	212-523-6623
Mount Sinai Chelsea	Mount Sinai Downtown Chelsea Health Information Management 325 West 15th Street New York, New York 10011	212-604-6045
New York Eye and Ear Infirmary	New York Eye and Ear Infirmary Medical Records 310 East 14th Street New York, NY 10003	212-979-4352