



**Facility Information:**

<b>University Medical Center New Orleans / Clinics</b> Attention: Release of Information 2000 Canal Street New Orleans, LA 70112	Phone Number:	(504) 702-2082
	Fax Number:	(855) 526-9216
	Email address:	UMCMedicalRecords@lcmchealth.org

**Instructions for Releasing of Medical Records:**

1. Complete all sections on page one of this form. Incomplete forms will not be accepted (mandated by the Federal Guidelines for HIPAA).
2. Form must be completed by patient or authorized patient representative, with appropriate identification.
3. If patient is deceased, did not expire at this facility, and you are the next of kin, please include a copy of the death certificate.
4. Please send (mail, fax, or email) your completed Authorization to Release Protected Health Information form to the location listed above.
5. If you have any questions regarding the release of your medical information, please contact the RELEASE OF INFORMATION DEPARTMENT at the location listed above.

**Important Information about Authorization:**

The authorization will terminate on the date indicated on the Authorization or when revoked in writing by the patient.

A separate signed authorization is required for the use and disclosure of health information for:

- Psychotherapy Notes
- Employment-related determinations by an employer
- Research purposes unrelated to your treatment
- Substance Use (Alcohol and Drug Use)

Due to the volume of requests, LCMC Health contracts with a 3rd party vendor to assist with Medical Record Requests. MRO Corporation

- Service Charge:  
     Paper .10¢ per page plus tax and postage  
     Electronic .10¢ per page
- Electronic Delivery or CD:  
     Flat fee of \$6.50

