

State and Federal regulations regarding release of medical records:

- California Confidentiality of Medical Information Act 1979 [CMIA] Civil Code Section 56 et seq.
- Health Information Portability and Accountability Act 2003 [HIPAA] 45 C.F.R. 164.500 et seq.
- Office of Civil Rights [OCR]

## CONTACT INFORMATION

**PHONE:** (714) 771-8167

### ADDRESS:

Health Information Management  
Release of Information  
St. Joseph Hospital Orange  
1100 West Stewart Drive  
Orange, CA 92868

### WEBSITE:

- Mission Hospital,  
Mission Hospital CHOC and  
Mission Hospital Laguna  
Beach  
**mission4health.com**
- St. Joseph Hospital Orange  
**sjo.org**
- St. Jude Medical Center  
**stjudemedicalcenter.org**

Once on the website go to:

- PATIENTS & VISITORS
- For Patients
- Medical Records

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# How to Obtain Copies of Your Medical Record



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## How to submit a request to Health Information Management:

### **MISSION HOSPITAL**

**PHONE:** (714) 771-8206

**FAX:** (714) 744-8679

**EMAIL:** SMMROI@stjoe.org

### **ST. JOSEPH HOSPITAL**

**PHONE:** (714) 771-8167

**FAX:** (714) 771-8965

**EMAIL:** SJMROI@stjoe.org

### **ST. JUDE MEDICAL CENTER**

**PHONE:** (714) 771-8202

**FAX:** (714) 744-8785

**EMAIL:** SFMROI@stjoe.org

## **U.S. Mail Address or in person:**

Health Information Management  
St. Joseph Hospital Orange  
1100 West Stewart Drive  
Orange, CA 92868

If you (or your legal representative) need a medical record, please present a written, completed, signed and dated request. Or you may use the *Authorization For Use of Disclosure of Health Information* form.

For this form and for special circumstances, please go to any of the hospital websites on the back of this brochure or call HIM directly at **(714) 771-8167**.

## **A valid written request must include the following:**

- Patient Name
- Patient Date of Birth
- Name of the hospital that is releasing the information
- Where and to whom information is to be released including name/ address/phone number/email or fax
- What information is to be released including dates of service
- Reason for request: follow-up care, patient request etc.
- Document dated/signed by the patient or their legal representative
- Patient/legal representative phone number in case there are questions related to the release.

## **Fees for copies of medical records**

### **No fee for the following:**

- Faxed/mailed to patient's physician for continuing medical care.
- Pertinent information requested by the patient/patient legal representative [discharge summary, imaging, lab, history & physical].
- Response Time: Within 24 hours of the next business day with a valid request.

### **Fees may be charged for the following:**

- Request for more than pertinent information i.e. entire medical record.
- Response Time for entire medical record is 5-7 business days with a valid request.

**Copies may be provided by email, FAX, paper or CD.**