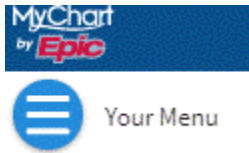




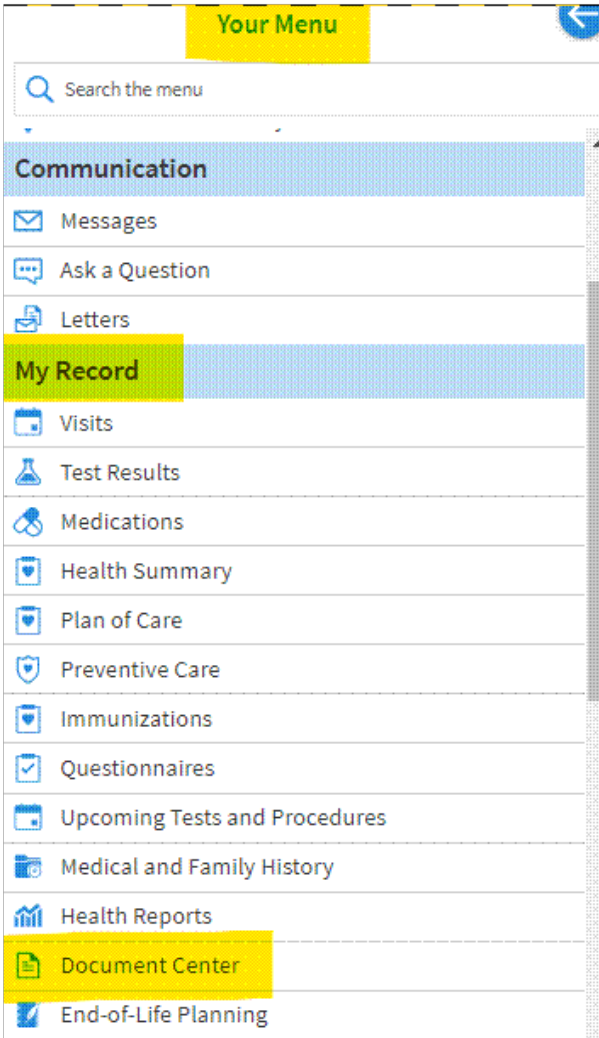
## Virginia Heart MyChart Records Request Instructions

Contact MyChart for technical support: 855-MYINOVA (855-694-6682), option 4

Step 1: Select Your Menu at the top left corner



Step 2: Go to My Record, Select Document Center



### Step 3: Select Requested Records

#### Document Center

Please select the option that most closely matches the information you would like.

##### Visit Records

Download and send visit summaries that would be helpful for a new provider, including details such as:

- Health Issues
- Medications
- Allergies
- Immunizations
- Plan of Care

##### Requested Records

Download records you specifically requested, such as:

- Legal Information
- Coordination of Care
- Government Reporting
- Worker's Comp Information
- Accounting Disclosure
- Visit and Health Summaries

### Step 4: Select Self-Request/Virginia Heart Patients

## Requested Records

This is where your requested medical records appear for download.

Recently Requested Documents [^](#)

You have no recently requested records.

Past Documents (0) [v](#)

### Self Request

Please select the appropriate location and send us an electronic Release of Information form request.

To request any additional records for yourself at Inova.

Inova Patients



To request any additional records for yourself at

Valley Health Patients

To request any additional records for yourself at Virginia Heart.

Virginia Heart Patients



**Step 5: Complete the authorization form for records request**

## Medical Record Request Virginia Heart

### Records Request for Release of Protected Health Information

*Patient Name:	<input type="text"/>
Medical Record Number, if known:	<input type="text"/>
*Patient Date of Birth:	<input type="text"/>
*Contact Phone Number:	<input type="text"/>
*Contact Email:	<input type="text"/>
*Information Requested:	<input type="text"/>
If only test(s)/information please specify:	<input type="text"/>
*Requested Date of Service:	<input type="text"/>
Reason for Disclosure	
*Select Reason:	<input type="text"/>
If other please specify:	<input type="text"/>
*Communication Method:	<input type="text"/>
Attention to:	<input type="text"/>
Recipient Phone Number:	<input type="text"/>
Recipient Fax Number (limit 25 pages):	<input type="text"/>
Recipient Mailing Address:	<input type="text"/>
Explain your request: (max 1000 characters)	<input type="text"/>

**Step 6: Click the button Submit Request**

I hereby authorize Virginia Heart to release or disclose my protected health information to:

\*Release:

If other please specify:

\*  I have read and understand the following:

I understand that Virginia Heart is not responsible for any subsequent disclosure of protected health information as a result of providing this information to the above-mentioned parties. I further understand that I am not required to disclose to Virginia Heart the reason for this request and that I may subsequently revoke this request, if necessary.

[Submit Request](#)

[Back to the home page](#)