

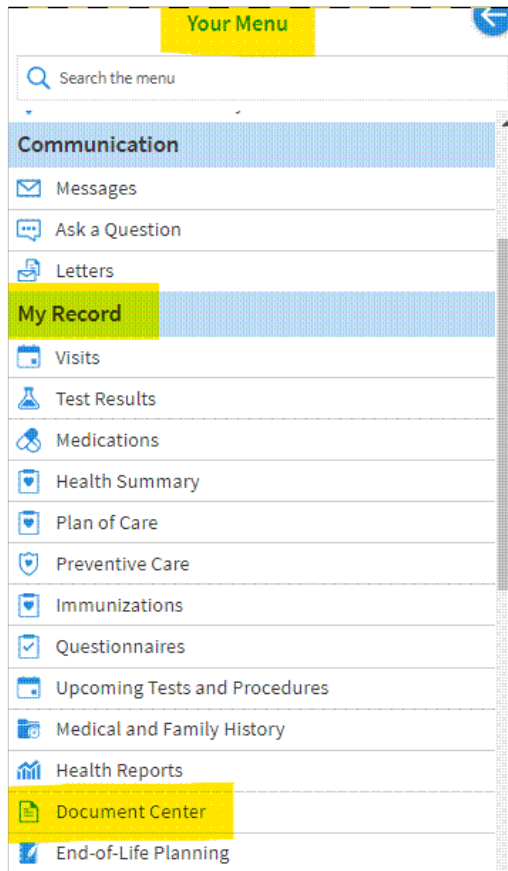


Virginia Heart MyChart Records Request Instructions:

Step 1: Choose 'Your Menu' at the top left corner.



Step 2: Go to My Record/ Document Center.



Step 3: Choose 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: Choose 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: Fill out the authorization form

Medical Record Request Virginia Heart

Records Request for Release of Protected Health Information

Patient Name:

Medical Record Number, if known:

Patient Date of Birth:

Contact Phone Number:

Contact Email:

Information Requested:

If only test(s)/information please specify:

Requested Date of Service:

Location of Service:

Reason for Disclosure

Select Reason:

If other please specify:

Step 6: Submit the 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-named individual. I 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