

How to Obtain Medical Records and/or Radiology Images

We offer the following options to obtain a patient’s medical record and/or radiology images:

Online	Submit a request through our online medical correspondence system. To get started, just select “Medical Records” under the “Patient & Visitors” tab at: www.southwesthealthcaresystem.com	
Call or In Person	Visit the Centralized Release of Information (ROI) department. Our location and hours are below. You may also reach us by calling (951) 696-6013.	
Mail	Mail a written request to:	System Health Information Management Department Attn: Release of Information Medical Records 25500 Medical Center Drive, Murrieta, CA 92562
Fax	Fax a written request to:	System Health Information Management Department (951) 600-4363

Patient Authorization

Patient information is kept in strict confidence and only released with proper authorization. The authorization is available online or in our office.

Processing Time

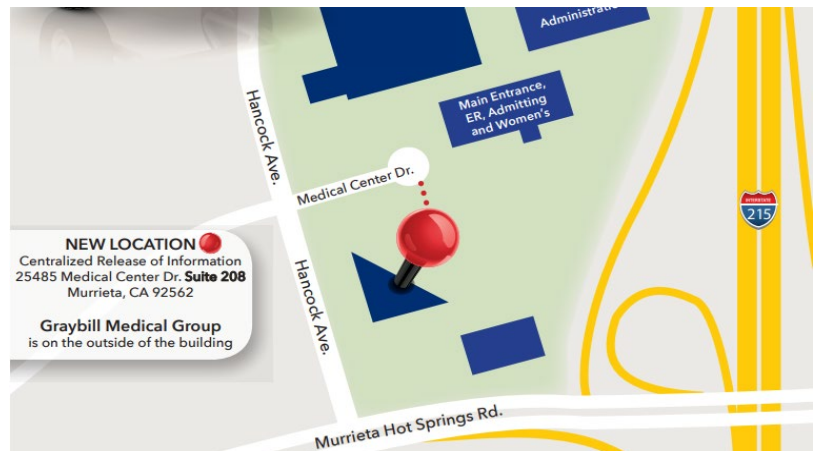
Please be assured we are committed to providing you a copy of your records or imaging study as quickly as possible and the same day if needed. Requests are processed in the order they are received. For urgent needs, please directly contact the ROI department.

Department Hours

The department is open from 8:30 AM to 4:00 PM Monday through Friday, excluding national holidays.

Department Location

The department is located at 25485 Medical Center Drive, Suite 208, Murrieta, CA 92562. It is on the corner of Murrieta Hot Springs Road and Hancock Avenue between Interstate 15 and Interstate 215. Please refer to the map.



Fees for Records

Depending on the purpose of your request, there may be a fee for a copy of the records. You will be advised of any potential fees when your request is submitted and again before it is completed.

Assistance

If you have any questions or would like additional information, please call us at (951) 696-6013, or visit us in-person. Our staff is ready and happy to assist you.

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

DISCLOSURE STATEMENT

I hereby authorize:

Southwest Healthcare System (includes Rancho Springs & Inland Valley Medical Centers)

Temecula Valley Hospital

Other: _____

To release protected health information to the following person or entity:

Entity or Person: _____ Contact Name: _____

Address: _____ Telephone: _____

City, State, Zip: _____

HEALTH INFORMATION TO BE RELEASED

Pertinent Information for Continuing Care

History & Physical Exams Radiology & Other Imaging Consultation Reports

Laboratory Reports Diagnostic Reports Discharge Instructions

Operative Reports Images EKG/ECHO

Pathology Reports (X-rays, MRI, CT, etc ...) ER Record

Billing Statements

Other: _____

I specifically authorize the release of the following information (check as appropriate):

Alcohol or drug treatment HIV test results Mental health treatment information
information (other than psychotherapy notes)

REQUESTED SERVICE DATES

Please indicate the date(s) and/or time period for the information selected above:

Most Recent Visit Date(s): _____

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

PATIENT IDENTIFICATION



RI0020

INLAND VALLEY MEDICAL CENTER
RANCHO SPRINGS MEDICAL CENTER
TEMECULA VALLEY HOSPITAL

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

SIGNATURE

Signature: _____ Date: _____ Time: _____ AM/PM
Printed Name: _____ Telephone: _____
Relationship: _____ (If not patient)

Completed at time of record pickup:

Record picked up by:
Signature: _____ Date: _____ Time: _____ AM/PM
Printed Name: _____
Relationship: _____ (If not patient)
ID Type: _____ ID Number: _____
ID Verified by: _____

For Office Use Only

Records released from
 Medical Records Laboratory Radiology
 Emergency Department
 Nursing Unit, Unit Name: _____
 Other: _____

ID Type: _____ ID Number: _____

Witness
Signature: _____ Date: _____ Time: _____ AM/PM
Witness Printed Name: _____

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