

How Do I Request my Records in MyChart?

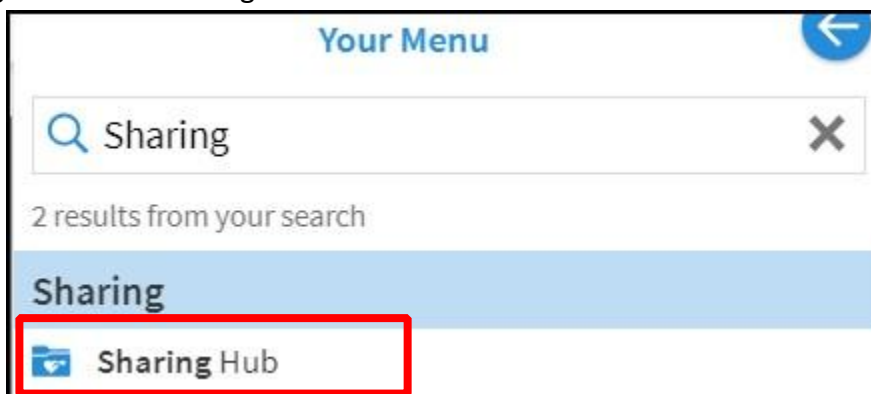
This tip sheet describes how to request your record via MyChart.

Try It Out!

1. Upon logging into your MyChart account, navigate to the **Your Menu** icon and scroll or search for **Sharing**.



2. Select **Sharing Hub** under Sharing menu.



3. **Sharing Hub** page, scroll down to bottom of page and Select **Request formal copy of health record**



There are two options to request formal copy of Health Records

- Send to Self
- Send to Someone Else



Option 1 - Send Copy to Me

1. Complete section: **Submit a new request for a formal copy of your health record**

Request Formal Copy of Health Record

Request your medical record from your healthcare provider by answering a few questions. This request requires processing by your healthcare organization and might take a few days. Please note restricted and/or sensitive records cannot be processed via Release to MyChart at this time. Please select <https://www.swellbox.com/wellstar-health-wizard.html>

With Release To MyChart you can request records from April 1, 2014 forward, for Wellstar's Kennestone Hospital, Cobb Hospital, Douglas Hospital, Paulding Hospital, and Windy Hill Hospital. Please note, records prior to April 1, 2014 for the above facilities cannot be requested via Release to MyChart.

You can request records from February 25, 2018 forward, for Wellstar's Atlanta Medical Center, Atlanta Medical Center South, North Fulton Hospital, Spalding Regional Hospital, Sylvan Grove Hospital, and West Georgia Medical Center, by using Release to MyChart. Please note, records prior to February 25, 2018 for the above facilities cannot be requested via Release to MyChart

Please call Wellstar's Health Information Management Department at 470-732-3910 for questions.

Submit a new request for a formal copy of your health record

*Indicates a required field

*Who should we send this record to?

Me
Someone else

*What dates do you want information from?

Date range
All dates

Information included in this request:

Entire Encounter

Please note restricted and/or sensitive records cannot be processed via Release to MyChart at this time.

Please select <https://www.swellbox.com/wellstar-health-wizard.html> or contact Wellstar's Health Information Management department at 470-732-3910.

Continue

2. Click the **I agree** check box to Consent for release of information and click **Send request**

Request Formal Copy of Health Record

Request your medical record from your healthcare provider by answering a few questions. This request requires processing by your healthcare organization and might take a few days. Please note restricted and/or sensitive records cannot be processed via Release to MyChart at this time. Please select <https://www.swellbox.com/wellstar-health-wizard.html>

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Please call Wellstar's Health Information Management Department at 470-732-3910 for questions.

Submit a new request for a formal copy of your health record

Please review your responses. If everything looks correct, click or tap Send request.

Question	Answer
Who should we send this record to?	Me
What dates do you want information from?	All dates
Information included in this request:	Entire Encounter

Consent for release of information

I understand (acknowledge) that this record might include sensitive information. If I am sharing this record with someone else, they will be able to see all of this information.

I authorize the release of my records consistent with this request and understand that information disclosed according to this request may no longer be protected by federal privacy law.

☒ I agree

Send request
Back

3. **Requested Records** displays the status of your request.

Requested Records



If you've previously requested medical records, they'll be available for download here. Your information will be released within 7 business days, or we will contact you for additional information.

Recently Requested Records ^

Formal copy of your health record ⓘ

Your request is being prepared...
We'll notify you when your download is ready.

Cancel



Option 2 - Send Copy to Someone Else

1. Complete section: **Submit a new request for a formal copy of your health record.**
 - Select **Someone Else**, enter information and click **Continue**

Submit a new request for a formal copy of your health record

* Indicates a required field

* Who should we send this record to?

Me **Someone else**

Where should we send this information?

* Name Dr. Wellstar	Attention to
Address	Email
* Phone number 404-555-1000	Fax number

* What dates do you want information from?

Date range **All dates**

Information included in this request:

Entire Encounter

Continue

- Click the **I agree** check box to Consent for release of information and click **Send request**

Submit a new request for a formal copy of your health record

Please review your responses. If everything looks correct, click or tap Send request.

Question	Answer
Who should we send this record to?	Someone else
Name	Dr. Wellstar
Attention to	No answer given
Address	No answer given
Phone number	404-555-1000
Email	No answer given
Fax number	No answer given
What dates do you want information from?	All dates
Information included in this request:	Entire Encounter

Consent for release of information

I understand (acknowledge) that this record might include sensitive information. If I am sharing this record with someone else, they will be able to see all of this information.

I authorize the release of my records consistent with this request and understand that information disclosed according to this request may no longer be protected by federal privacy law.

☒ **I agree**

Send request **Back**

- Requested Records displays the status of your request.

Requested Records

If you've previously requested medical records, they'll be available for download here. Your information will be released within 7 business days, or we will contact you for additional information.

Recently Requested Records ^

Formal copy of your health record ⓘ

Requested 10/31/2022

Requested for Dr. Wellstar

Your request is being prepared...

We'll notify you when your download is ready.

Cancel

Formal copy of your health record ⓘ

Requested 10/28/2022

Your request is being prepared...

We'll notify you when your download is ready.

Cancel

Formal copy of your health record ⓘ

Requested 10/28/2022

Requested for Jill Waters

Your request is being prepared...

We'll notify you when your download is ready.

Cancel



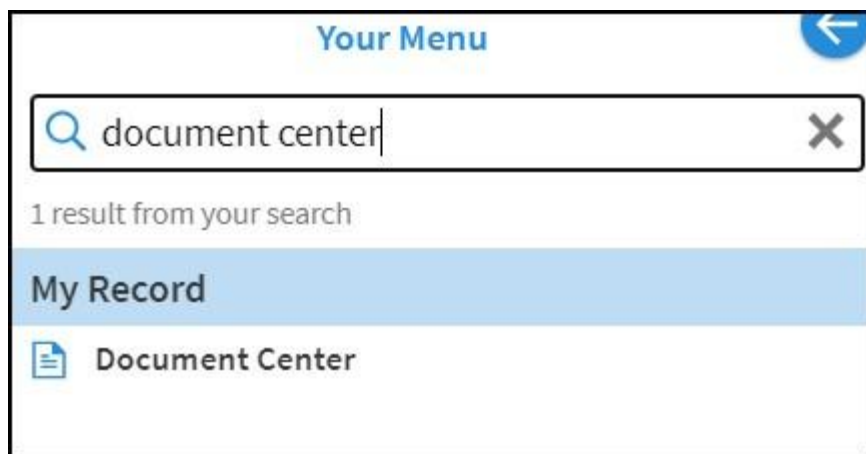
Special Note

For medical record requests that are being sent to someone other than yourself please allow 7 business days before confirming with the receiving party. If there are any questions, please contact the Wellstar Health Information Management Department at 470-732-3910

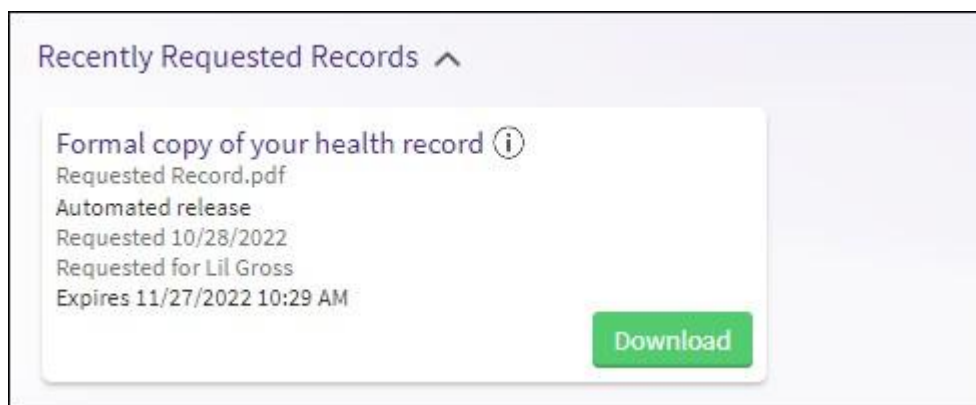


How to see the status of the request

1. Search **document center** from the search menu



2. When the request is processed, click **Download** to view the record.



Note: If you have any other questions or need further assistance, please contact our service desk. Hours are Monday through Friday, 8:30 a.m. to 5:00 p.m. You can contact the MyChart Service Desk by phone at 470-644-0419, by e-mail at mycharthelp@wellstar.org, or by fax at 770-999-2306. Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911.