

HOW TO START A REQUEST FOR YOUR MEDICAL RECORDS

Obtaining a copy of your medical record is easy. To start your request, simply download, print, and sign the **Authorization to Use and Disclose Protected Health Information Form (add link)**. Fax or mail it back to us, to the attention of Medical Records.

Fax: 813-239-8397

Mailing Address:

Gracepoint Health Center – Medical Records
2815 E. Henry Avenue, Suite D-7
Tampa, FL 33610

Your request will be processed and fulfilled within 15 business days from the day it is received. Please allow reasonable time to process your request. We will mail your records to the address specified on the authorization form. You may also pick them up at our offices. There is a 25 cent per page copying fee.

****Please be sure to sign and date form, and include a witness signature. Due to Patient Privacy (HIPAA) unsigned requests cannot be processed and incomplete forms are unable to be processed.**

Forms:

Authorization to Use and Disclose Protected Health Information Form

For additional information or questions, please contact us at 813-239-8279



View Your Medical Records on your Patient Portal

Access your information 24/7 on a computer, tablet or smartphone when it's convenient for you.

[VISIT MYCHART](#)

WE PROMISE TO

✓ **Serve all patients**

✓ **Offer discounted fees for patients who qualify**

✓ **Not deny services based on a person's:**

- Race
- Color
- Sex
- National origin
- Disability
- Religion
- Sexual orientation
- Inability to Pay

✓ **Accept insurance, including:**

- Medicaid
- Children's Health Insurance Program (CHIP)