

Request Medical Records

It is the obligation of Metro Community Health Centers to protect the confidentiality of a patient's medical record. Any information contained in the medical record is confidential and protected by federal and state law.

Medical records requests are generally granted to the patient, an authorized patient representative, or another party, which may include, but not be limited to, another physician, medical facility, attorney, court or insurance company.

What to Know

You can request copies of your medical records directly through an online portal, by mail or in person.

Online access to your medical records

Patients who see primary care and specialist providers can send messages to their doctor, check on lab results, request a medication refill, access information to manage their health, and create their own personal health record to access at any time 24/7 through Healow, a secure online patient portal.

Requesting medical records in person

Medical records can be requested in person through your provider's office. Please note that you or your authorized representative must present a valid form of identification.

Requesting medical records by mail

To request your medical records by mail, complete the authorization for release of health information form pursuant to HIPAA below:

[Download in English](#)

[Download in Spanish](#)

When filling out your form, please make sure to provide the following information:

- Patient information
- Name and address of the facility releasing the record
- Name and address where the information will be sent
- Dates when care was received (a single day or a range of dates and years)
- Information you are requesting (a record in its entirety or portions of it)
- Reason for release
- Date the release expires
- Signature and date

When medical records contain information about one or more of the following categories, complete the form in full and initialize the corresponding section:

- Alcohol or drug treatment
- Mental health treatment (except psychotherapy notes)
- Information related to HIV/AIDS

Mail the completed form to:

Metro Community Health Centers

Attention: Medical Records Department
979 Cross Bronx Expressway Service Rd
Bronx, NY 10460

Requests by healthcare providers

Healthcare providers can request medical records during office hours by faxing a request on letterhead to 718-750-3443. Please include:

- Patient's name
- Patient's date of birth
- Date of service you are requesting
- Portion of medical record you are requesting
- Reason for request
- Date by which you need the records

Hours of operation are Monday – Friday: 9:00 AM – 5:00 PM

If you have any further questions, please visit one of our offices or contact 718-665-7565.