

HOW TO REQUEST YOUR MEDICAL RECORDS FROM UAB CALLAHAN EYE HOSPITAL & CLINICS

To request a copy of your medical records, please use one of the options described below. **No matter which option you choose, you will need to complete and sign an Authorization for Use or Disclosure of Patient Information form, which is available [here](#).**

There is no charge for having your medical records sent to another physician or hospital. If you are requesting the records for yourself, there is no charge for the first request.

Please contact us at 205-325-8390 if you have questions or need assistance. Our office is open Monday through Friday from 8 am to 4:30 pm.

REQUESTING MEDICAL RECORDS

By Phone:

Call 205-325-8390 and ask to have an Authorization for Use or Disclosure of Patient Information form mailed to you.

In Person:

Please come to the first-floor Business Office window at Callahan Eye Hospital and request an Authorization for Use or Disclosure of Patient Information form. Make sure to have your photo identification with you. You may fill out the form there and turn it in at the Business Office window, or complete it at home and send it using one of the methods below.

RETURNING YOUR COMPLETED FORM

By Mail:

Mail your completed and signed Authorization for Use or Disclosure of Patient Information form to:

Callahan Eye Hospital and Clinics
Health Information Management Department
1720 University Boulevard
Birmingham, AL 35233

By Fax:

Fax your completed and signed Authorization for Use or Disclosure of Patient Information form to 205-325-8682.