

Request for Release of Health Information

If you wish to authorize the release of your health information (medical records) please complete the UCR Health *Authorization for Release of Health Information* form which may be obtained from your healthcare provider or online at <https://www.ucrhealth.org/request-medical-records>. When completing the form, please mark only the information that you wish to be released.

Return the completed authorization to one of the following:

- Your physician's office
- Mail to:
University of California Riverside
Attention Compliance
14350-2 Meridian Parkway
Riverside, CA 92508
- Fax to :
(951)263-7271

Authorized requests will be forwarded to CIOX Health for processing. Please allow 2 weeks.

Questions regarding submitted requests will be handled by CIOX Health. Please Call (800)367-1500 for assistance.