



Print and complete the Authorization for Disclosure of Health Information form or or send a written request with your medical record number, full name at the time of treatment and your signature to authorize the release of this information. If you do not have your medical record number, please provide your birth date and Social Security number.

- Authorization Form (PDF)

You may

- Mail the request along with a clear copy of a government-issued ID to:
Chinese Hospital Medical Records/Health Information Management Department
845 Jackson Street, San Francisco, CA 94133
- Fax the request to 1-415-677-2448
- Email the request to HIMDept@chasf.org
- Drop off the request in person to:
Chinese Hospital Medical Records/Health Information Management Department
845 Jackson Street, 1/F, San Francisco, CA 94133

- Clerical Fee: \$15.00
- Copying: \$0.12 per page
- Personal Appearance: \$35.00
- CD: \$25.00
- Film: \$15.00

- Please allow up to 15 business days for your request to be processed. If you indicated the option to pick-up your medical records, you will be contacted by the Medical Records/Health Information Management Department when your records are ready. A photo ID is required.
- Pick up location:
Medical Records/Health Information Management Department
845 Jackson Street, 1/F, San Francisco, CA 94133
Monday – Friday: 9 AM to 4 PM
Closed for Lunch: 12:30 PM to 1 PM
Saturday: By appointment Only
- For quick answers, please check our Frequently Asked Questions. If you still have questions, please call 1-415-677-2460.

Contact our clinics by calling 1-628-228-2828. Chinese Hospital understands that medical information about you and your health is personal. We are committed to protecting your medical information. This notice will tell you about the ways in which we may use and disclose medical information about you, please see our Notice of Privacy Practices.