

Request for Medical Record Release via the Patient Portal

1. Log in to your portal account. Enter your email address or username and password. Click the “**Sign In**” button.

Shriners Hospital for Children

Email address or username

Password

Sign In [Forgot Password?](#)

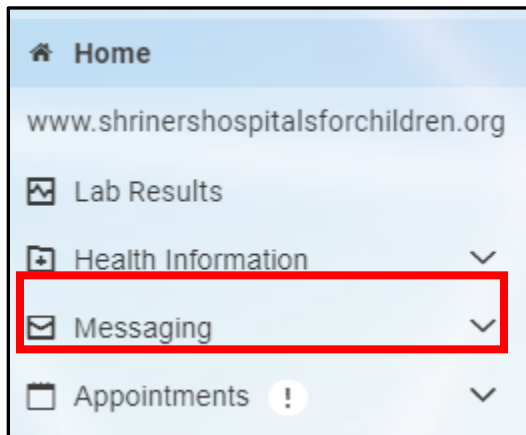
Secure health identity provided by:

CernerHealth

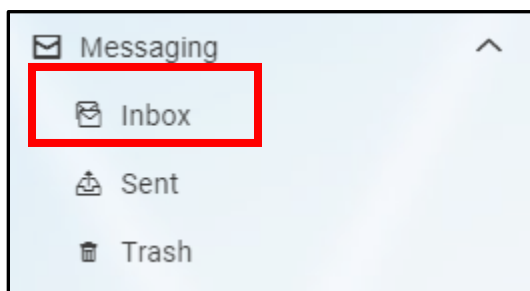
Shriners Hospital for Children uses *Cerner Health* to provide a secure username and password used to access your patient record information. Use this account to sign in whenever you see the *Cerner Health* logo.

If you don't own or control the computer you're using, turn on "private browsing" to protect your personal health

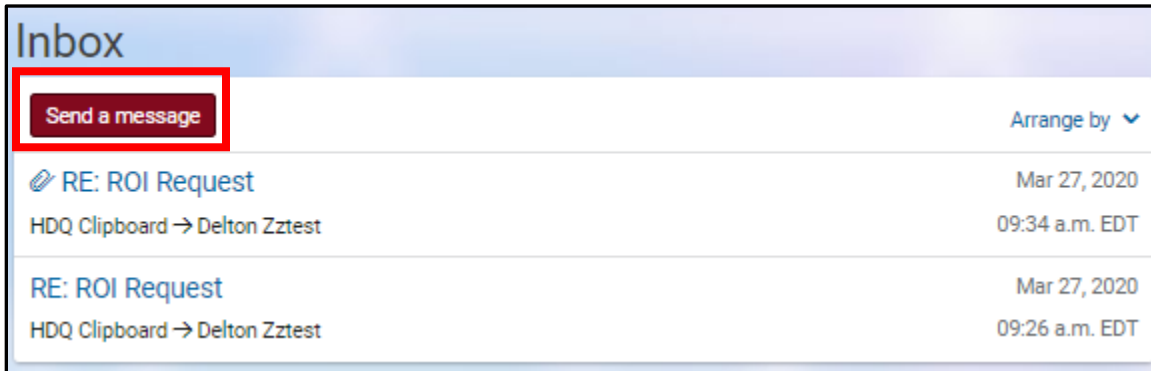
2. Select **Messaging**.



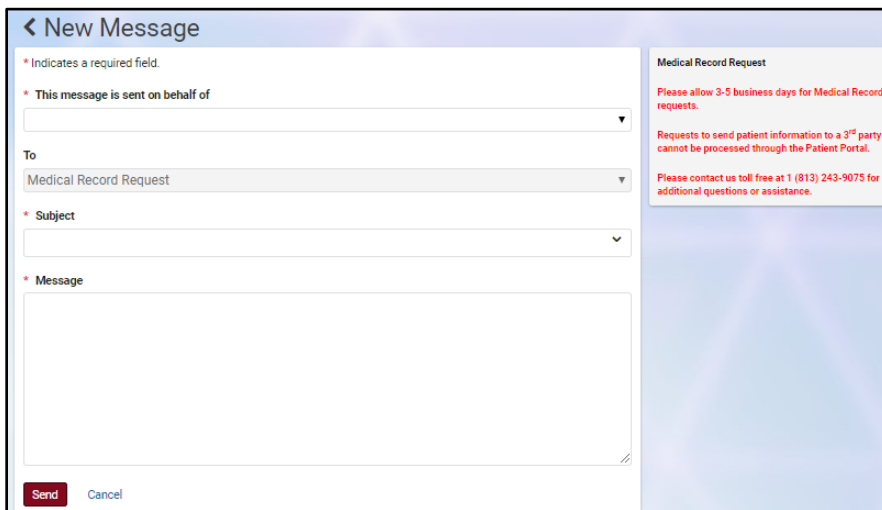
3. Select **Inbox**.



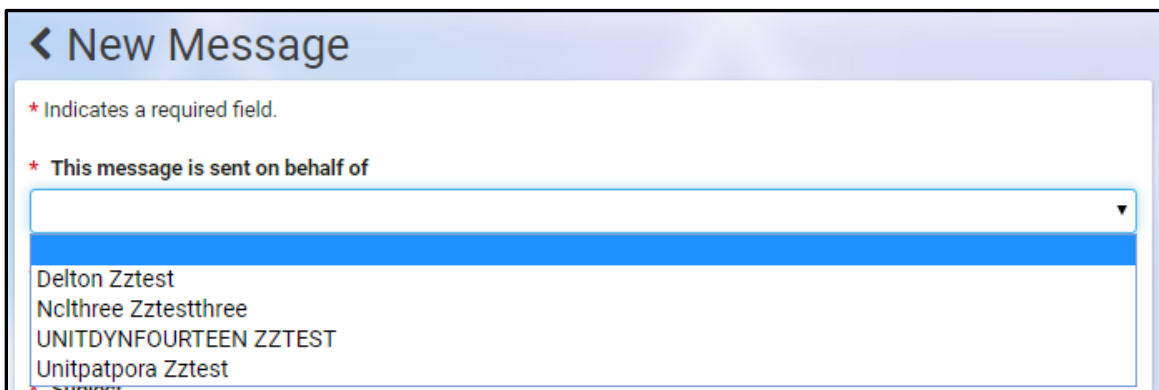
4. Click on "Send a message".



5. Required Fields must be completed.



6. Enter the appropriate patient from the drop down menu.



7. To: Select "Medical Record Request" from the drop down list.

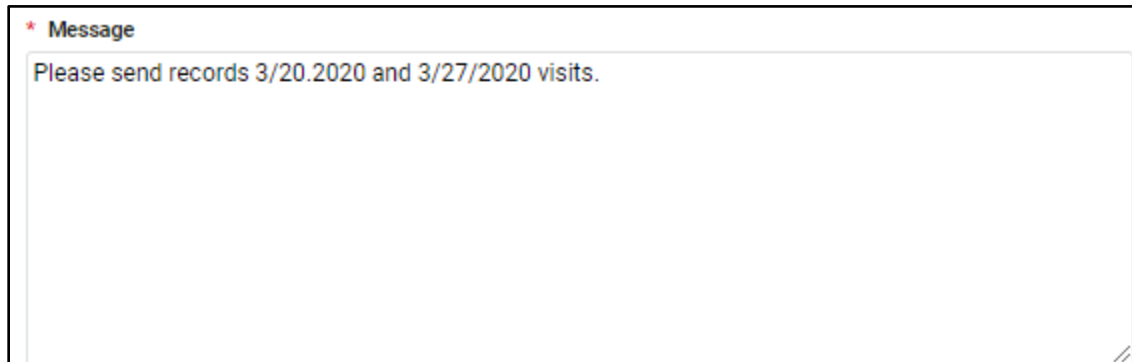


8. **Subject:** Select “Request for Medical Record” from the drop down list. Refrain from typing free text as this may cause a delay in responding to your request.



A screenshot of a form field labeled “* Subject”. The field contains the text “Request for Medical Record” and has a dropdown arrow on the right side.

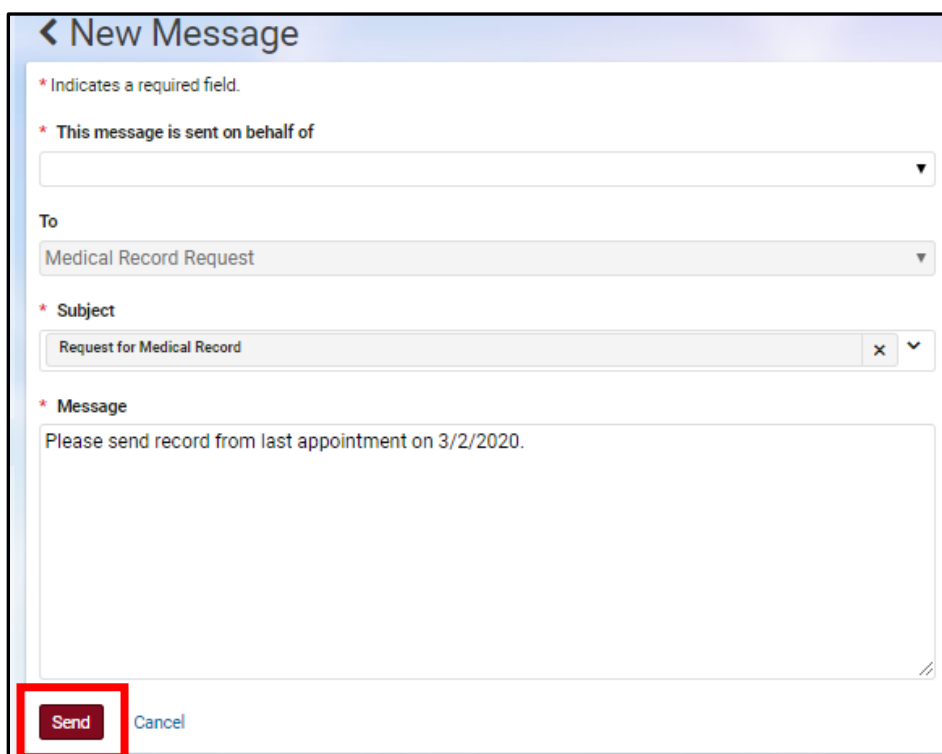
9. **Message:** Enter the reason for your request. Provide as much detail as possible as this will assist the staff in fulfilling your request.



A screenshot of a form field labeled “* Message”. The field contains the text “Please send records 3/20.2020 and 3/27/2020 visits.”

10. Click on the “Send” button. This will route your request to Shriners Hospitals for Children. Our staff will work to complete your request.

Note: Requests to release medical records to a 3rd party cannot be processed through the Patient Portal. Please contact us toll free at 1-800-243-9075 for additional questions or assistance related to Medical Record requests.

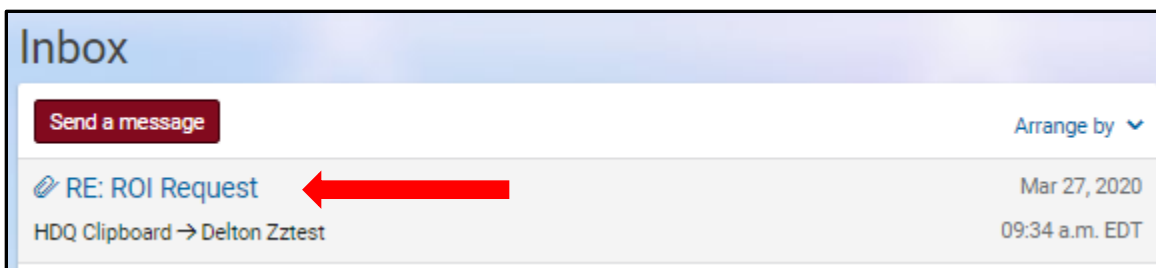


A screenshot of a “New Message” form. The form includes a back arrow, a title “New Message”, and a legend “* Indicates a required field.”. The form fields are: “* This message is sent on behalf of” (empty dropdown), “To” (dropdown with “Medical Record Request”), “* Subject” (dropdown with “Request for Medical Record”), and “* Message” (text area with “Please send record from last appointment on 3/2/2020.”). At the bottom, there are “Send” and “Cancel” buttons. The “Send” button is highlighted with a red box.

11. A copy of this message will display in the Sent folder until it is permanently deleted.

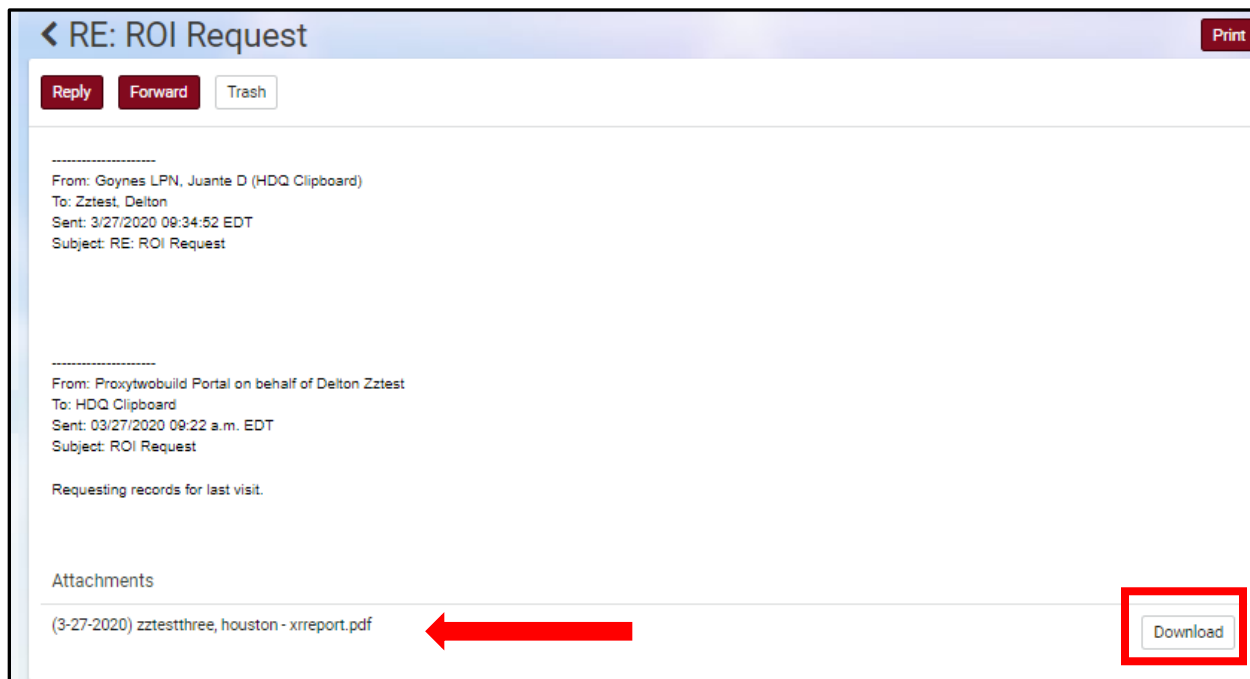


12. If HDQ Medical Records staff need additional information they will send an email response to your patient portal inbox.
13. Once the request has been processed, a message will be sent to your Patient Portal Messaging Inbox including with an electronic copy of the medical record attached.



14. The electronic copy of the medical record will be located at the bottom of the message. Click "Download" button to open the record.

Note: Downloading files may store a copy of the file on the computer you are using. Only download on a computer you own and trust is secure. Downloading on public computers may expose the file to other individuals that later use that computer.



15. This email message and attachment will remain in the Portal Messaging Inbox until you permanently delete it.