



We are still accepting requests, and you can submit your authorization by mail, fax, or email. You must include a copy of your driver's license, state ID, or passport along with your request, and you must also complete both sides of the form, front and back, before submitting. Please be sure to indicate how you would like to receive your medical records on the form.

You can download the forms at: <https://jacksonhealth.org/patients/medical-records>

To submit the form, you can:

1. **Mail** the completed form to
ATTN: HIM Department/Admitting Area
2801 NW 79th Avenue, Doral, FL 33122
2. **Fax** the completed form to 305-355-2030.
3. **Email** the completed form to JWMC-HIM-MedRec-Request@jhs-miami.org

If you have any questions, please call **786-466-1474**
between the hours of 8 a.m. and 4 p.m.

Please Note: All attorney requests must be completed by mail to the address listed above.



Aún estamos aceptando solicitudes, y puede enviar su autorización por correo, fax o correo electrónico. Debe incluir una copia de su licencia de conducir, identificación estatal o pasaporte junto con su solicitud, y también debe completar ambos lados del formulario, el anverso y el reverso, antes de enviarlo. Asegúrese de indicar cómo le gustaría recibir sus registros médicos en el formulario.

Puede descargar los formularios en: <https://jacksonhealth.org/patients/medical-records>

Para enviar el formulario, puede:

1. **Enviar** el formulario completado a
ATTN: HIM Department/Admitting Area
2801 NW 79th Avenue, Doral, FL 33122
2. **Enviar el formulario completo por fax** al 305-355-2030.
3. **Enviar el formulario completo por correo electrónico** a
JWMC-HIM-MedRec-Request@jhsmiami.org

Si tiene alguna pregunta, llame al **786-466-1474** entre las 8 a.m. y las 4 p.m.

Tenga en cuenta: Todas las solicitudes de abogados deben completarse por correo a la dirección indicada anteriormente.



Nou toujou aksepte demann, epi ou ka soumèt otorizasyon ou pa lapòs, faks, oswa imèl. Ou dwe gen ladan yon kopi lisans chofè ou, ID leta, oswa paspò anvan ak demann ou an, epi ou dwe ranpli tou de bò fòm lan, devan ak dèyè, anvan ou soumèt li. Tanpri asire w ke ou endike kijan ou ta renmen resevwa dosye medikal ou sou fòm lan.

Pou soumèt fòm lan, ou kapab: <https://jacksonhealth.org/patients/medical-records>

1. **Voye** fòm ou ranpli a
ATTN: HIM Department/Admitting Area
2801 NW 79th Avenue, Doral, FL 33122
2. **Fakse** fòm ki ranpli a nan 305-355-2030.
3. **Voye imèl** ou ranpli fòm lan nan JWMC-HIM-MedRec-Request@jhs-miami.org

Si ou gen nenpòt kesyon, tanpri rele **786-466-1474** ant èdtan yo 8 a.m. ak 4 p.m.

Tanpri sonje: Tout demann avoka dwe ranpli pa lapòs nan adrès ki endike anwo a.