If you (or your legal representative) need a medical record, please present a written, completed, signed and dated request. Or you may use the Authorization For Use of Disclosure of Health Information form.

For this authorization form and for special circumstances, please go to any of the hospital websites. Click on: • PATIENTS & VISITORS
  • For Patients
  • Medical Records

MISSION HOSPITAL
WEBSITE: mission4health.com
PHONE: (714) 771-8206
FAX: (714) 744-8679
EMAIL: SMMROI@stjoe.org
To obtain a CD of Radiology images call: (949) 364-1400, ext. 4781

ST. JOSEPH HOSPITAL
WEBSITE: sjo.org
PHONE: (714) 771-8167
FAX: (714) 771-8965
EMAIL: SJMROI@stjoe.org
To obtain a CD of Radiology images call: (714) 744-8832

ST. JUDE MEDICAL CENTER
WEBSITE: stjudemedicalcenter.org
PHONE: (714) 771-8202
FAX: (714) 744-8785
EMAIL: SFMROI@stjoe.org
To obtain a CD of Radiology images call: (714) 992-3956

MAILING ADDRESS:
Health Information Management
Release of Information
St. Joseph Hospital Orange
1100 West Stewart Drive
Orange, CA 92868

Additional information on back side.
A valid written request must include the following:

• Patient Name
• Patient Date of Birth
• Name of the hospital that is releasing the information
• Where and to whom information is to be released including name/address/phone number/email or fax
• What information is to be released including dates of service
• Reason for request: follow-up care, patient request etc.
• Document dated/signed by the patient or their legal representative
• Patient/legal representative phone number in case there are questions related to the release.

Fees for copies of medical records

No fee for the following:

• Faxed/mailed to patient’s physician for continuing medical care.
• Pertinent information requested by the patient/patient legal representative [discharge summary, imaging, lab, history & physical].
• Response Time: Within 24 hours of the next business day with a valid request.

Fees may be charged for the following:

• Request for more than pertinent information i.e. entire medical record.
• Response Time for entire medical record is 5-7 business days with a valid request.

Copies may be provided by email, FAX, paper or CD.