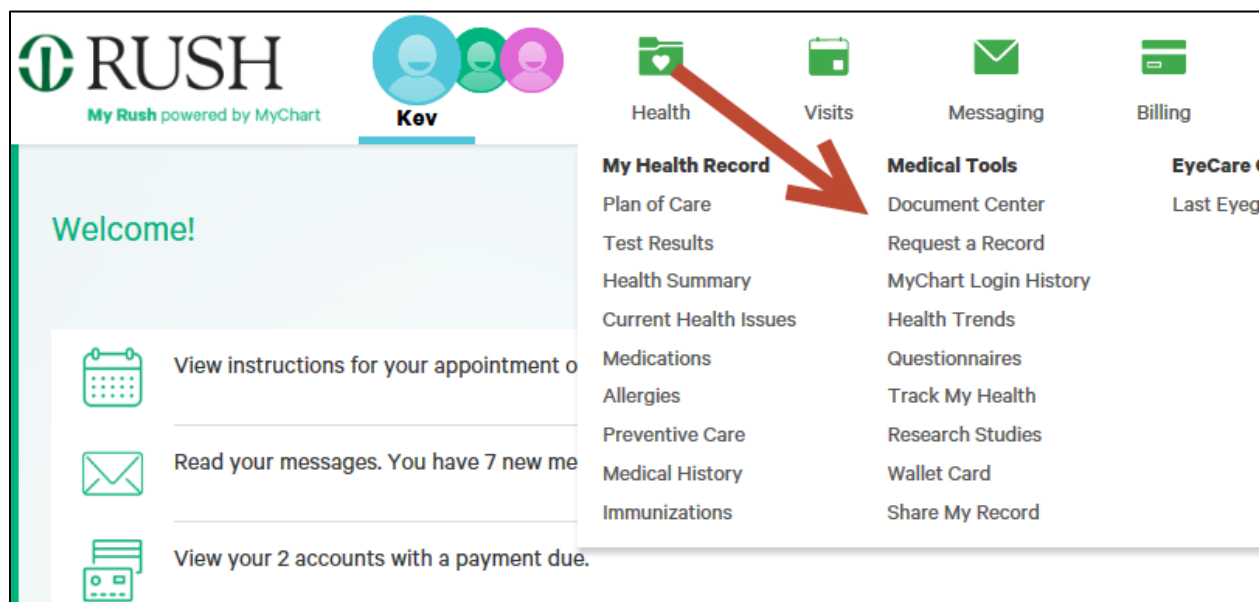


## Downloading Records in MyChart

Patients with a Rush MyChart account are now able to request their health records for download from the web. These options are available under Health > Medical Tools > Document Center and Request a Record.



NOTE: In order to download any records from MyChart, you must have a third-party zipping tool installed on your computer, such as 7zip.

Document Center	.	.	.	.	pg 2-6
Visit Records	.	.	.	.	pg 3
Requested Records	.	.	.	.	pg 4-6
Request a Record	.	.	.	.	pg 7

## Document Center

Download records from your encounters at Rush. You may request the records with or without a password. **You choose the password** for documents downloaded from Document Center.

### Document Center

Please select the option that most closely matches the information you would like.

<h4>Visit Records</h4> <p>Download and send visit summaries that would be helpful for a new provider, including details such as:</p> <ul style="list-style-type: none"><li>Health Issues</li><li>Medications</li><li>Allergies</li><li>Immunizations</li><li>Plan of Care</li></ul>	<h4>Requested Records</h4> <p>Download records you specifically requested, such as:</p> <ul style="list-style-type: none"><li>Legal Information</li><li>Coordination of Care</li><li>Government Reporting</li><li>Worker's Comp Information</li><li>Accounting Disclosure</li><li>Visit and Health Summaries</li></ul>
<h4>My Documents</h4> <p>View, download, and print documents you have on file.</p>	<h4>MyChart Login History</h4> <p>View actions of people who have accessed your record.</p>

- Visit Records: Choose encounters whose records you wish to download
- Requested Records: This page will contain records that are ready for your download
- My Documents: Documents that you have signed on file at Rush, such as your consent to medical care
- MyChart Login History: View your login history and access from third-party apps

## Visit Records

Choose the records you would like to download, based on their date. Click the tabs to choose based on single visit, date range, all visits or your patient-level “Lucy Summary.”

Click VIEW to view the record directly from the web page. Click DOWNLOAD to download the record as a .pdf file. Click SEND to search for a provider and send via their Direct Address.

**Visit Records**

Select the visits you'd like to view, download, or send. You can select a single visit or multiple visits using the options below. Your Lucy Summary is also available.

Single Visit   Date Range   All Visits   Lucy Summary

<input type="radio"/> Office Visit with Richard J Grostern, MD University Ophthalmology Associates	Thursday October 24, 2019
<input checked="" type="radio"/> Hospital Visit RUSH UNIVERSITY MEDICAL CENTER	October 18, 2019 - October 24, 2019
<input type="radio"/> E-Visit with Michael Anthony Hanak, MD Rush Primary Care Chicago POB 010	Monday September 30, 2019
<input type="radio"/> Procedure Only with Rasa Kazlauskaitė, MD Rush University Consultants in Endocrinology	Thursday September 26, 2019
<input type="radio"/> Hospital Outpatient Visit with Christine S Schauerte, PT RUSH OUTPATIENT PHYSICAL THERAPY	Wednesday September 18, 2019
<input type="radio"/> Procedure Only with Nancy R The Rush Midlife Center	Friday September 13, 2019

VIEW   DOWNLOAD   SEND

[BACK TO DOWNLOAD MY RECORD](#)

When you click DOWNLOAD, you may choose to download with password protection or without. Rush cannot recover this password for you, so please remember your password.

NOTE: In order to download any records from MyChart, you must have a third-party zipping tool installed on your computer, such as 7zip.

**Download My Record**

Request the record of your visit on 10/24/2019.

Summary Package

Summary Package with Password Protection

Safeguard your health information with a password. This will provide a higher level of security, and you may need to find and use other software to access your record.

Password for this package:

●●●●●●●●

This password will be used to protect your record. It must be at least eight characters long.

Retype password:

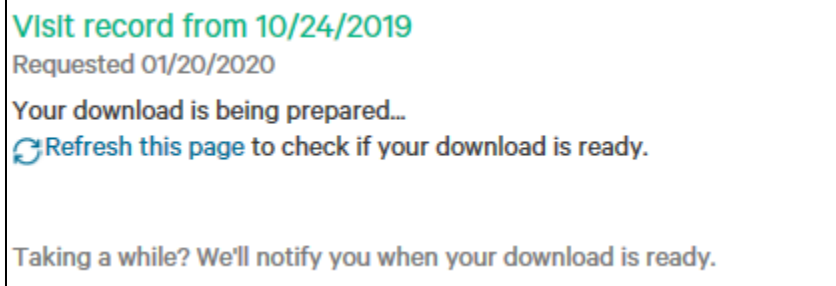
●●●●●●●●

REQUEST

After you enter your password, click REQUEST.

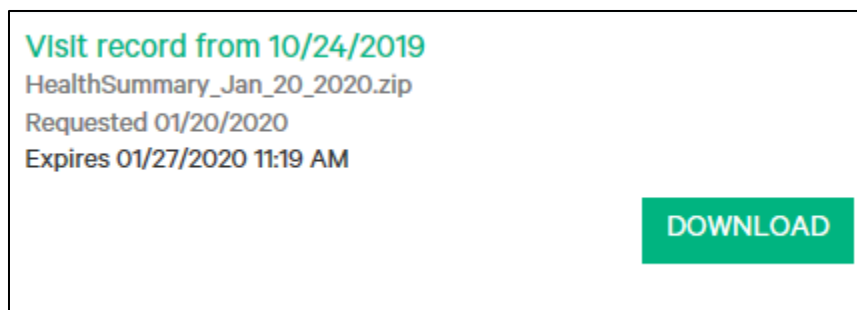
### Requested Records

You will be taken to the Requested Records page. You may refresh the page to check on when your download will be ready. Or, you will receive a notification once the download is ready.

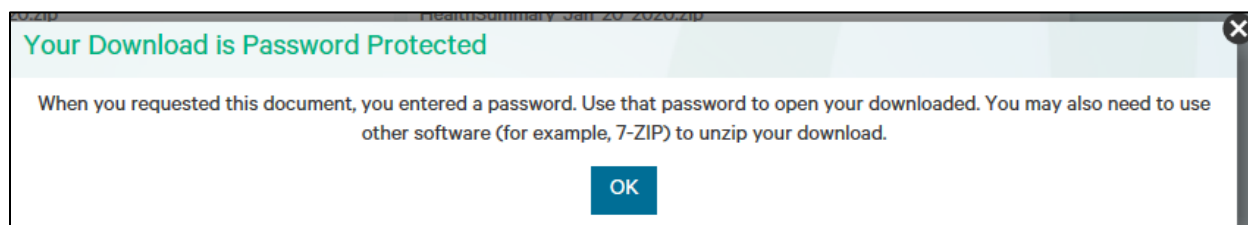


The DOWNLOAD button will appear.

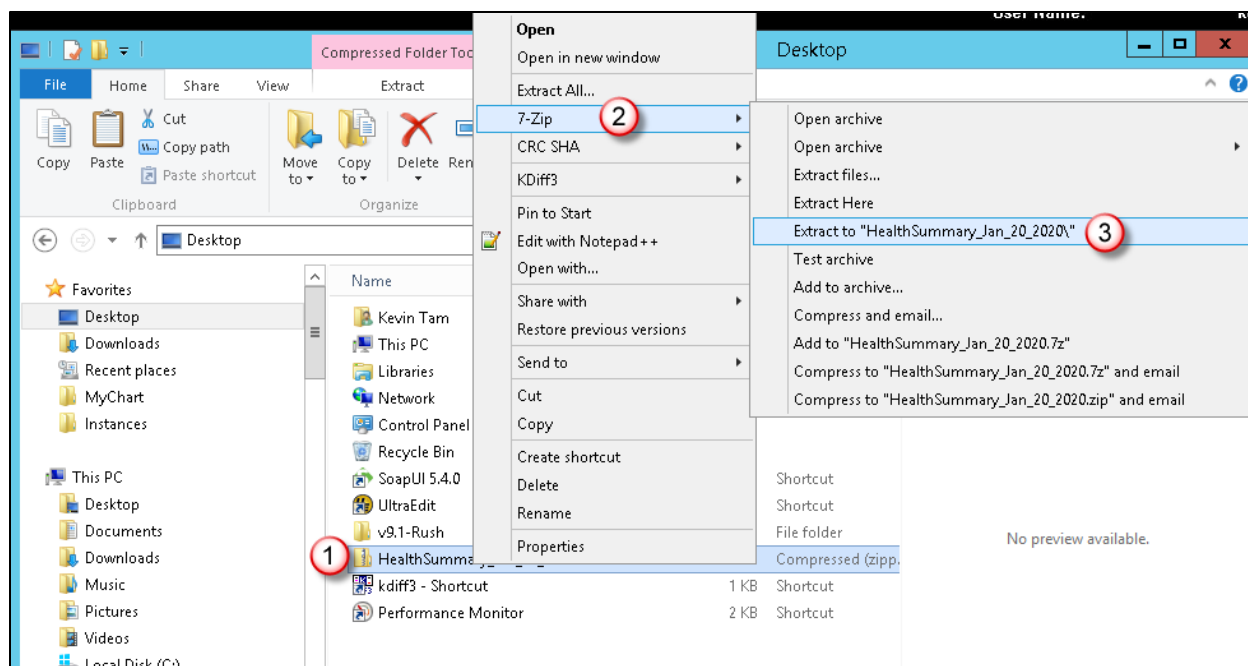
NOTE: In order to download any records from MyChart, you must have a third-party zipping tool installed on your computer, such as 7zip.



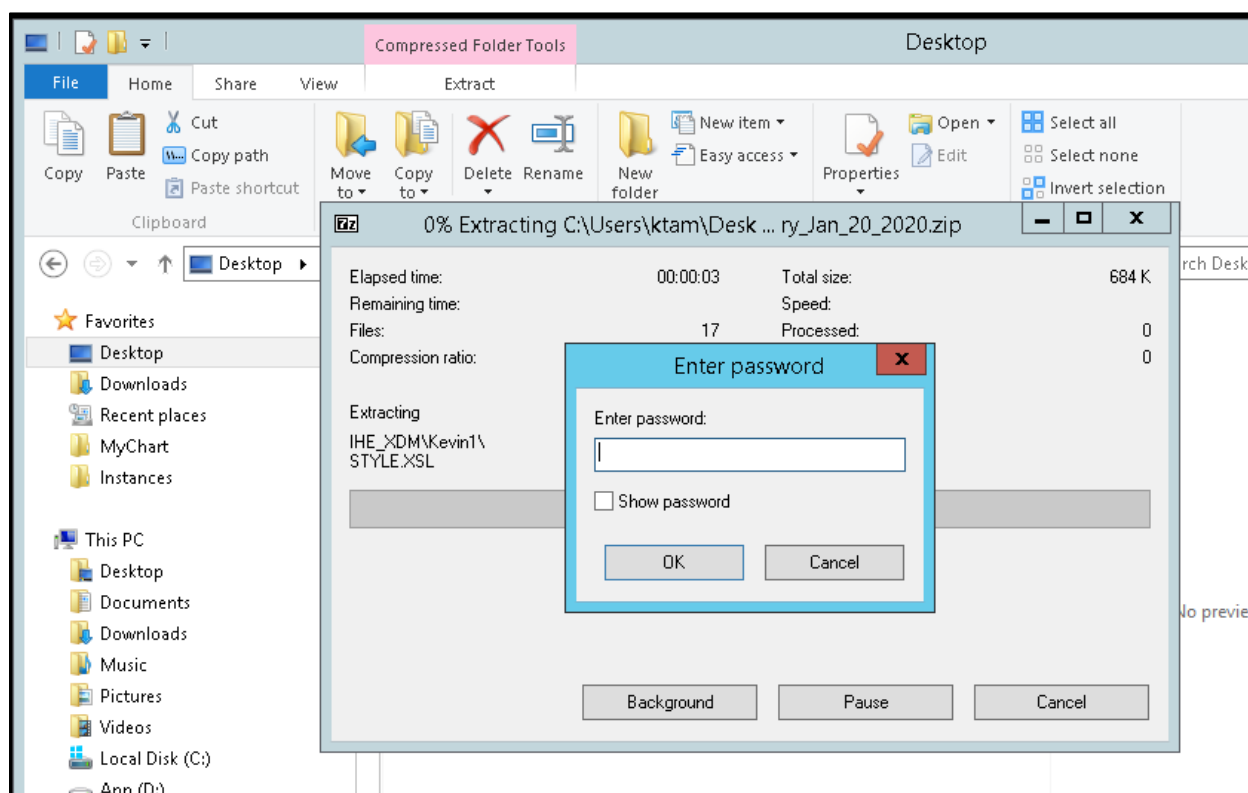
Click DOWNLOAD. If you password-protected your file, a window will pop-up regarding your password. It will explain that you may need to use other software (for example, 7zip) to unzip your download.



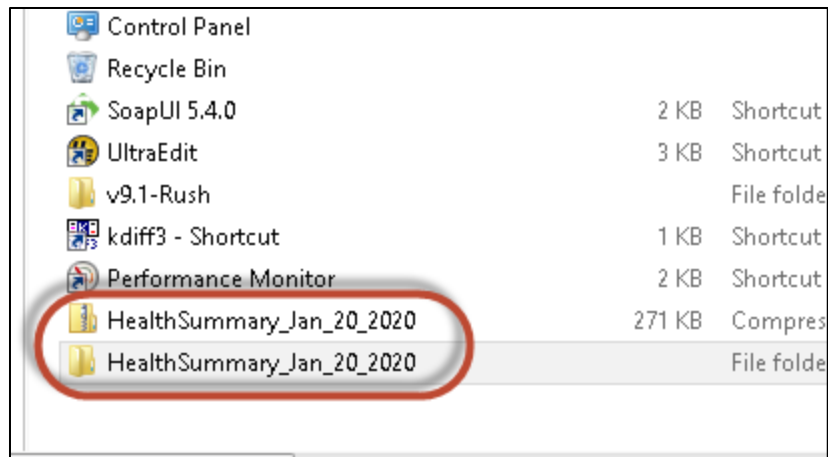
Save it to your computer. By default, MyChart will name your file using today's date (the date you are accessing your records). Use a third-party zipping tool to unzip the file. The following is an example using 7-Zip.



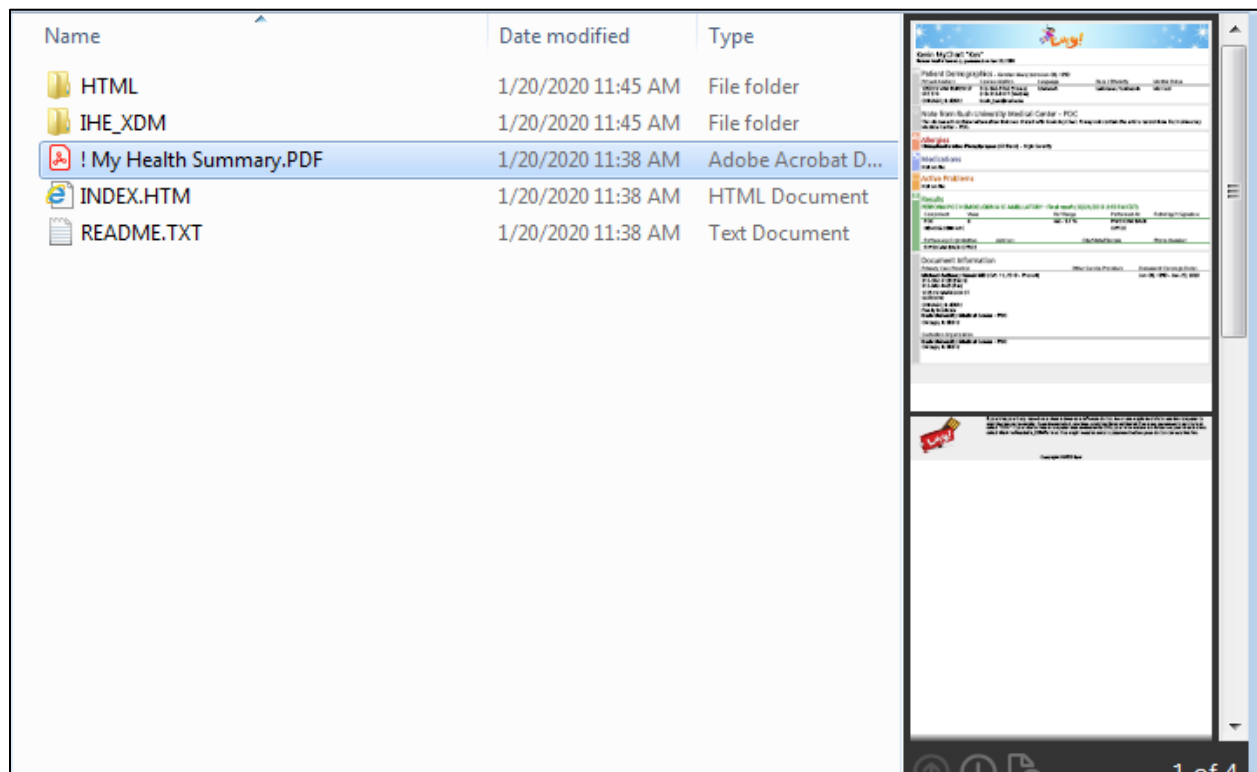
You will be prompted for a password. If you filled out the form for HIM, the default password is your year of birth. If you found the record yourself, enter the password that you chose.



Your unzipped file appears.



Inside the folder, your requested record will be under the filename “! My Health Summary.PDF”



## Request a Record

Click Request a Record to fill out a form regarding the records you would like, and send it to Health Information Management at Rush. If you have questions on requesting records, call 312-942-7262 (RUMC/Rush Oak Park) or 630-978-6786 (Rush Copley).

### Medical Record Request

Complete this form and click "Submit Request" to request your medical records. If you have questions on requesting records please call 312-942-7262.

**INSTRUCTIONS:** This authorization is made by you for the release of your healthcare information, as indicated. Please address questions about this form to: Rush University Medical Center, ATTN: Health Information Management Office, 1611 West Harrison Street, L1, Suite 001, Chicago, IL 60612, Telephone: (312) 942-7262, Fax: (312) 942-2264.

**FORM MUST BE COMPLETED IN ITS ENTIRETY. PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:**


This authorization is voluntary. Rush will not condition your treatment on giving this authorization. However, Rush may condition the provision of research-related treatment on the provision of an authorization.


I understand that I may change my mind and revoke this authorization at any time by giving written notice of my revocation to the contact office listed above. I understand that revocation of this authorization will not affect action Rush took in reliance on this authorization before Rush received my written notice of revocation.

I authorize the use and/or disclosure of my Protected Health Information (PHI) as described above. I understand that this authorization is voluntary and made to confirm my decision so Rush may use and/or disclose my PHI for a specific purpose. I understand that if the persons or organizations I authorized above to receive and/or use the PHI described above are not subject to federal health information privacy laws, they may further disclose the PHI and it may no longer be protected by federal health information privacy laws. I understand that I have a right to inspect and copy the information to be disclosed pursuant to this authorization and that I may obtain a copy of the information by contacting the office listed above.

I have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to Rush. I understand that, by signing this form, I am confirming my authorization that Rush may use and/or disclose to the persons and/or organizations named in this form the PHI described in this form.

**EFFECTIVE:** This authorization request does not apply to any treatment dates beyond the date of signature. You may choose to provide an event (related to you or the purpose of the use/disclosure) upon which your authorization will expire, unless mental health records are requested. Otherwise, this authorization will expire ninety (90) calendar days after the date of signature.

From Date:  

To Date:  

Purpose:

Purpose, Other: Please Specify:

Department/Facility to Release Records:

Dept/Facility to Release Records Other, Please Specify

You will receive a message once your record request is ready for you to download in MyChart. By default, the password to unzip the file containing your requested record(s) is your year of birth. Follow the instructions listed in the Requested Records section of this document for more details on downloading your requested record.