

REQUEST FOR INFORMATION: Release of Health Records

Request for Health Records:

1. Download and print the Authorization for Use and Disclosure of Protected Health Information form.
2. Complete and sign the request form and fax or mail (Incomplete requests cannot be processed).
3. The cost of copies are based on request type.
4. Send completed request to the Health Information Management (HIM) via fax or mail. You may also provide the completed authorization form in person at our office.

Fax Number: 562-803-0167

Mailing Address: Rancho Los Amigos National Rehabilitation Center

7601 Imperial Hwy, Bldg. 603 HIM

Downey, CA 90242

Contact Information and business hours: Release of Information Area, 562-401-7122

8:00 A.M. to 4:30 P.M.