



In order to process your request for medical records, please complete all the highlighted fields on the 'Authorization for Release of Information' form. Please pay careful attention to complete all highlighted areas of the form. If not completed, we may need to return your request for more information.

Please call 423-495-8285 with questions about release of medical records or if you need assistance completing the authorization form.

Once you have completed and signed the form(s), utilize one of these options:

- Fax it to 423-495-4740 or 423-495-4081
- Mail it to:

Hospital HIM Department
CHI Memorial Hospital
2525 deSales Avenue
Chattanooga, TN 37404

- Return it to the facility entrance greeters and the authorization will be hand delivered to the HIM Department and your request processed.
- Email your form(s) to: medicalrecords@memorial.org

Thank you,

CHI Memorial Hospital HIM Department