



Please use this form to obtain records for any reason other than for your own personal use. For example, if you need records for an attorney, insurance, or a physician.

In order to process your request for medical records, please complete the 'Authorization for Release of Information' form.

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), Please return using 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
- Email your form(s) to: medicalrecords@memorial.org

Thank you,

Health Information Management