

Mission

The Health Information Management (HIM) Department is dedicated to managing patient information and healthcare data necessary to deliver quality care. It is our goal to ensure the accuracy, confidentiality, and accessibility of records for the patients we serve.

About Us

The Health Information Management (HIM) Department is responsible for maintaining, storing, and producing medical records.

Confluence Health

Mailing Address:
PO Box 3510
Wenatchee WA 98807

Phone: 509-436-4026
Main Fax: 509-436-3047
Website: <https://www.confluencehealth.org>

Health Information Management

What you need to
know about:

Medical Records



How do I obtain my Medical Records?

Obtain the Authorization for Release of Medical Records form from one of the following locations:

- Any Confluence Health hospital or clinic location
- Confluence Health Website:
<https://www.confluencehealth.org/patient-information/request-medical-records/>

Where do I submit the form?

You may submit the Authorization for Release of Medical Records by:

- Turning in the form at any of our locations
- Fax to (509) 436-3047
- Email to HIM@ConfluenceHealth.org
- Mail to:
Confluence Health
PO Box 3510, Wenatchee WA 98807

Is there an easier way?

YES! If requesting records for personal use, simply complete a request in MyChart!

To complete a request in MyChart:

- Select Menu
- Select Sharing Hub
- Select Yourself
- Select Request a formal copy
- Choose each hospital and information you want included.

Your provider's office may also request records for continuation of care.

How long does it take to process my medical records request?

The Health Information Management Department (HIM) completes requests in the order they are received and releases records as quickly as possible, however please allow up to 15 days for processing.

Requesting records for someone else?

If you are a personal representative such as an Executor of an Estate, Power of Attorney or Legal Guardian you will need to complete the Authorization for Release of Medical Records form and provide legal documentation supporting your status.

Is your child 13 or older? What you need to know.

If you are requesting records on behalf of your minor child, the minor will need to sign the authorization form if the records pertain to the following:

- Alcohol/ Drug or Substance Abuse
- Behavioral Health/ Psychotherapy Records
- Sexually Transmitted Infections
- HIV/AIDS Testing/ Results
- Pregnancy Tests

What if I need radiology images?

Submit the Authorization for Release of Medical Records form for processing. Imaging is delivered via secure email.

What is the processing fee?

A flat fee of \$5.95 plus shipping is assessed by our third party copy service, Ciox, for records over 50 pages.

Looking for a free option?

- MyChart is a fast and easy way to view your records for free!
- Records faxed to another provider's office are provided free of charge.

How do I avoid a denied form?

What you can do to avoid your release being denied:

- Indicate how you wish to receive your records.
- Sign and date the authorization form.
- Indicate the dates of service of the records you wish to receive (ex. A specific date or the last 2 months).
- Make sure the "Sensitive Information" section is completed if applicable.
- Provide legal documentation if acting as a personal representative.
- If necessary, obtain a minor's signature.

How do I sign up for MyChart?

There are three easy ways to sign up for MyChart:

- Registering online at Confluencehealth.org
- Registering at your provider's office
- Registering by phone by contacting Confluence Health MyChart Help Desk at (509)436-4020.