



# Authorization for Release of Medical Records



You can get your pharmacy records online at [www.hy-vee.com](http://www.hy-vee.com) by creating an account and then click on **Health & Pharmacy/Pharmacy/My Pharmacy/Order History & Reports**. There you can put in a date range and then view and print your report. If you are not able to do that, then please complete the form below. If you have any questions please call: (515) 267-7736. You will reach Datavent- our vendor who handles these requests.

1. Name:     
First Name Middle Name Last Name

2. Date of Birth:     
MM DD YY

I authorize Hy-Vee Pharmacy to provide me with copies of my personal health information as indicated below covered the dates of:

Start Date:     
MM DD YY

End Date:     
MM DD YY

3. Preferred Method of Distribution

US. Mail  Email

4. Information to be released:

Medical Records  Billing Records  
 Other:

5. Contact Information

If releasing records to a company, business or organization other than the patient, please provide the name of the recipient:

Email to send records to (if applicable):

Patient Phone Number to contact with questions:

Mailing Address to send Records to (if applicable):

You may get email from our vendor, Datavent. We do charge cost-based expense for some records and that must be paid before records are released. We will reach out to you if this applies to your record request at the phone number you listed above.

You can email form to [RXRecordsRelease@hy-vee.com](mailto:RXRecordsRelease@hy-vee.com).

By signing below you agree to the following:

I authorize Hy-Vee to release the records listed above, for the dates listed above, via email or U.S. Mail as listed above.

I understand that HV does not maintain records regarding mental health, substance abuse treatment. AIDS related information and genetic information may be included in my record and will be released unless specifically noted otherwise.

Signature:  Date of Signature     
MM DD YY