

Requests for Access to Health Information

If you wish to have CWRC send you and/or a physician part or all of your medical records, please complete the Request for Access to Health Information. Please note that each partner must complete a separate request form.

All Medical Records Requests are completed within ten (10) business days.

If you are requesting that your records go to a physician, please provide us with their complete address. There is no charge to records going to a physician.

We will provide you a copy of your records at a cost of \$0.75/page within 10 business days. You will be informed of the total due before your copies are provided to you.

Please return a copy of the Request for Access to Health Information via mail to:
Center for Women's Reproductive Care at Columbia University
Medical Records Department
1790 Broadway, 2nd Floor
New York, NY 10019

OR fax it to our office at 646-756-8280.

HIV Related Health Information

If you wish to obtain HIV related health information, you must also complete the Authorization for Release of Confidential HIV* Related Information.