CENTER FOR INDIVIDUAL RIGHTS

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September 7, 2025

Via Electronic Mail: OCRComplaint@hhs.gov

Paula M. Stannard
Director of the Office for Civil Rights
Office for Civil Rights
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Re: HIPAA Complaint Against Fairview Health Services and/or M Health Fairview

OCR Transaction Number: 25-627593

Dear Director Stannard:

The Center for Individual Rights (CIR), a non-profit, public-interest law firm, represents Shaun A. Johnson and Katherine E. Johnson, the parents of Jane L. Johnson, age 13 (date of birth April 7, 2011), and Lauren F. Johnson, age 12 (date of birth December 7, 2012). Shaun and Katherine Johnson file this complaint pursuant to 45 C.F.R. § 160.306 with the Department of Health and Human Services' (HHS) Office for Civil Rights against Fairview Health Services. This complaint concerns a denial of access to medical records in violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the repondent has refused to provide medical records in electronic form as required by 45 C.F.R. § 164.524(c)(2)(ii).

Fairview Health Services is a Minnesota nonprofit corporation. It appears to be doing business under the name M Health Fairview. However, on its corporate website (https://www.mhealthfairview.org/about-us), M Health Fairview is also said to be a partnership between the University of Minnesota, University of Minnesota Physicians, and Fairview Health Services. Accordingly, in the event that M Health Fairview is deemed to be a separate legal

entity from Fairview Health Services, M Health Fairview should be treated as an additional or alternative respondent.

Fairview Health Services and/or M Health Fairview (hereinafter "Fairview") is a health care provider covered by HIPAA. Fairview Health Services' registered office address is 1010 Dale Street North, St. Paul, Minnesota 55117, and its registered agent is CT Corporation System Inc. The relevant department at Fairview is believed to be: Privacy Office, 400 Stinson Boulevard NE, Minneapolis, Minnesota 55413, email privacy1@fairview.org, telephone 612-672-5647. Fairview operates hospitals and other health care facities in and in the vicinity of Minneapolis, Minnesota.

PRIOR COMPLAINT

The Johnsons originally submitted a complaint about this matter to the Department of Health and Human Services, Office for Civil Rights (OCR) by letter dated March 28, 2025.

On July 30, 2025, OCR responded by letter, assigning this matter OCR Transaction Number: 25-627593. OCR's letter included the following instructions:

> Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR has determined to resolve this matter through the provision of technical assistance to FHS.
>
> OCR encourages FHS to review these materials closely and to share them with its staff as part of the HIPAA training it provides its workforce. OCR also encourages FHS to assess and determine whether there may have been any noncompliance as alleged by Complainant in this matter, and, if so, to take the steps necessary to ensure such noncompliance does not occur in the future. In addition, OCR encourages FHS to review the facts of this individual request for access and provide the requested access swiftly if the request meets the requirements of the Privacy Rule.
>
> If Complainant continues to experience the access issues described in the subject complaint, please notify OCR by filing a new complaint and include the above referenced OCR Transaction Number.

(OCR Letter at p. 4 (footnote 8 combined with text).)

The undersigned counsel has reached out to Fairview's Privacy Office repeatedly (by email and by telephone messages) since the receipt of OCR's letter without receiving any response from Fairview.

The access issues described in the subject complaint remain unresolved.

BACKGROUND

Since the time their daughters were born, the Johnsons, and specifically Katherine Johnson, have had access to medical records for the care their daughters received at Fairview by means of a MyChart electronic medical records portal. Through the end of 2021, the Johnsons' daughters' primary care physicians were all located at Fairview facilities, and were all employed by or affiliated with Fairview.

In 2022, for reasons of geographic convenience, the Johnsons switched their daughters' primary care physician to a doctor affiliated with Metropolitan Pediatrics in Edina, Minnesota, Dr. Mari Daniels. Metropolitan Pediatrics is not part of or affiliated with Fairview.

At Jane's annual checkup on December 6, 2023, Dr. Daniels expressed concern about Jane's height and referred her to an endocrinologist for bone imaging. The bone imaging was conducted at Children's Minnesota in Minnetonka, Minnesota, on March 1, 2024. The imaging results ultimately led to a diagnosis of Turner syndrome with mosaicism. Turner syndrome is a chromosomal disorder wherein some or all body cells are missing an X chromosome. Heart defects are one of the possible symptoms. Jane had further appointments at Children's Minnesota in May and June in connection with her diagnosis. Children's Minnesota is not affiliated with Fairview. Children's Minnesota uses MyChildren's, a different electronic records portal, rather than MyChart.

On October 10, 2024, Jane had an appointment with Dr. Heba Al-Rayess, a pediatric endocrinologist with the M Health Fairview Discovery Pediatric Specialty Clinic in Minneapolis. The purpose of this appointment was to obtain a second opinion regarding Jane's diagnosis of Turner syndrome. This was the first time that either of the Johnsons' daughters had had an appointment at a Fairview facility or with a Fairview doctor since 2021.

On October 28, 2024, on the referral of Dr. Al-Rayess, Jane had an appointment for an echo ultrasound with Dr. Raja Kishore at the M Health Fairview Pediatric Speciality Clinic – Explorer in Minneapolis. The problems with Jane's MyChart access first arose at the time of her appointment on October 28. Katherine accompanied Jane to the clinic on October 28. Katherine wanted to look at the doctor's notes from October 10 on MyChart and was unable to do so because her access to Jane's records on MyChart had been disabled. When Katherine asked a Fairview nurse about viewing Jane's records on MyChart, Katherine was given a two-page "MyChart Proxy Access Request Form,"[1] and was told that the form needed to be completed and signed before MyChart access could be provided. As is stated on the form,[2] Katherine was told by the nurse that Jane would need to meet with hospital staff out of the presence of her parents to confirm that she was freely consenting to grant full records access to her parents, and then she, a hospital representative, and one of her parents (the proxy) would need to sign, before the form

[1] A true and correct copy of this form as given to Katherine Johnson is attached hereto as Exhibit A.

[2] For example, the form states: "**If you are a minor aged 12-17**, your care team needs to be involved in giving you and your parent, or legal custodian, access to your MyChart. You can have full access to MyChart on your own. Your parent of legal custodian can also be given access with your permission. However, due to Minnesota confidentiality laws, this can only be granted at an office with a provider."

would be accepted. Katherine consulted with Shaun by telephone. They declined to sign the form. The nurse gave Katherine the number of a Patient Relations specialist that she could speak to.

Shaun called and spoke two times with the Patient Relations specialists and was told the same thing that Katherine had been told – that Jane would need to meet with hospital staff out of the presence of her parents to confirm that she was freely consenting to grant full records access to her parents, and then both she and a hospital representative would need to sign, before the form would be accepted.

The Johnsons have never submitted the MyChart Proxy Access Request Form for Jane's medical records. They believe that Fairview should not be interposing their daughter's consent, or Fairview's consent, as a precondition to their access to their daughter's routine medical records, including records pertaining to Jane's Turner syndrome diagnosis. The Johnsons have had no MyChart access to Jane's medical records at Fairview since October 28, 2024. Jane, likewise, has no access to her own MyChart records. (Although Jane is willing to sign the MyChart Proxy Access Request Form, her parents have not encouraged her to do so, and she has no MyChart account of her own, nor is it clear how she could obtain one.)

Fairview explains its policy on its website:

> ## Medical Record Restrictions for Minors 12+
>
> Parents or legal guardians are given full proxy access to MyChart records for children age 0-11. But under Minnesota law, minors ages 12 and older have the right to control the release of information related to pregnancy, STD, physical or sexual abuse, and substance abuse diagnosis or treatment.
>
> If your child is between the ages of 12 and 17, you will be granted partial, limited proxy access to your child's medical record upon request unless your child chooses to allow you full access.
>
> ….
>
> **How do I get proxy access to MyChart for my older child?**
> According to Minnesota law, children ages 12 to 17 have the right to decide who has access to their medical records related to pregnancy, STD, physical and sexual abuse, and substance abuse diagnosis and treatment. Parents or guardians will have partial, or limited, proxy access excluding these areas unless your child specifically agrees to grant you full proxy access. Here is how the proxy access process works for children 12-17:
>
> - Before your child turns 12, talk with your child's primary care provider about getting proxy access to your child's MyChart account.
> - The process of granting proxy access has to be done as part of an in-person visit.

- Your child's doctor will talk with your child while you're out of the room about what proxy access means and whether your child wants to grant you full or partial proxy access.
- If your child agrees to grant full access, your child and your provider will sign a consent form. Then, you are granted full proxy access to your child's medical record. If your child does not agree, you will receive only partial or limited proxy access.
- If you don't complete this process before your child turns 12, it's OK. You can still follow the process above to get proxy access. Be aware, however, that until the consent form is signed, you will not have full access to your child's medical record.

(https://www.mhealthfairviewpeds.org/resources/medical-records.)

The Johnsons have been told by other parents that Fairview automatically disables parents' access to their child's MyChart account when the child turns 12. Thus, Fairview may have disabled the Johnsons' access to Jane's MyChart account when Jane turned 12 on April 7, 2023. If so the Johnsons did not notice until October 28, 2024. The Johnsons would have had no reason to notice, since Jane was not obtaining healthcare at Fairview facilities in 2023, or in 2024 prior to October. In this regard, Fairview disabled the Johnsons' access to their younger daughter Lauren's MyChart account after Lauren turned 12 on December 7, 2024. Although the Johnsons currently have no MyChart access to Jane's medical records at Fairview (or to Lauren's medical records at Fairview), bills for Jane's medical services at Fairview are nevertheless being sent to Katherine's MyChart account.

The Johnsons still have the ability to obtain some medical records for Jane at Fairview by completing a separate two-page form entitled, "Authorization for Release of Protected Health Information."[3] They sent such a request to Fairview in December 2024 and received a response by email about three weeks later, on December 28, 2024. Fairview's responsive email included a link to a password protected pdf document. The records that were made available by these means (the email and the pdf document) were less complete than what would have been available on MyChart. Notably, full electronic medical records were not made available and cannot be made available by these means.

The Johnsons' access to Jane's electronic medical records is particularly important given Jane's diagnosis of Turner syndrome. After confirming the diagnosis, Jane's doctors discovered that her heart was formed abnormally and should be monitored with regular imaging and medical treatment for the rest of her life. Such images can only be accessed in electronic form.

[3] A true and correct copy of this form is attached hereto as Exhibit B.

THE HIPAA PRIVACY RULE REQUIRES THAT FAIRVIEW PROVIDE THE JOHNSONS WITH ACCESS TO THEIR MINOR DAUGHTER'S MEDICAL RECORDS IN ELECTRONIC FORMAT

HHS has adopted a number of regulations pursuant to HIPAA, most notably the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"), 45 C.F.R. parts 160 and 164, subparts A and E. The Privacy Rule grants individuals the right to access (*i.e.*, to inspect and obtain a copy of) their medical records. 45 C.F.R. §§ 164.502(a)(2)(i), 164.524. The individual's right of access includes the right to obtain the individual's medical records in electronic form:

> **(2) Form of access requested.**
>
> **(i)** The covered entity must provide the individual with access to the protected health information in the form and format requested by the individual, if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format as agreed to by the covered entity and the individual.
>
> **(ii)** Notwithstanding paragraph (c)(2)(i) of this section, ***if the protected health information that is the subject of a request for access is maintained in one or more designated record sets electronically and if the individual requests an electronic copy of such information, the covered entity must provide the individual with access to the protected health information in the electronic form and format requested by the individual, if it is readily producible in such form and format***; or, if not, in a readable electronic form and format as agreed to by the covered entity and the individual.

45 C.F.R. § 164.524(c)(2)(i) & (ii) (emphasis added).

Normally, a personal representative, including the parent of an unemancipated minor, must be treated as the individual for purposes of the right of access to the individual's medical records. 45 C.F.R. § 164.502(g)(1) & (g)(3)(i). There are several narrowly-defined exceptions contained in the Privacy Rule. First, the parent may not be treated as the individual where the minor has the right to consent to the health care service without the consent of the parent, or where the parent has assented to an agreement of confidentiality with respect to a particular health care service.[4] 45 C.F.R. § 164.502(g)(3). Second, a covered entity may elect not to treat a parent as the individual where the individual has been or may be subjected to domestic violence, abuse, or neglect by the parent, treating the parent as the personal representative could endanger the individual, and the covered entity, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the parent as the individual's personal representative. 45 C.F.R. § 164.502(g)(5). Third, a covered entity may deny access to the parent where a licensed professional has determined, in the exercise of professional judgment, that the

[4] In these situations, if state law does not contain an applicable access provision, a covered entity may either provide or deny access to the parent provided that the decision is made by a licensed health care professional in the exercise of professional judgment. 45 C.F.R. § 164.502(g)(3)(ii).

provision of access to the parent is reasonably likely to cause substantial harm to the individual or another person. 45 C.F.R. § 164.524(a)(3)(iii).

For purposes of the first exception listed above (that contained in 45 C.F.R. § 164.502(g)(3)), the Privacy Rule looks to state law to determine when a minor has the right to consent to a health care service without the consent of the parent, and when the records of that service may be disclosed to the parent.

Under Minnesota law, in turn, the only situations where a minor has the right to consent to health care services without the consent of a parent are those listed in Minnesota Statutes sections 144.341 to 144.347. *See* Minn. Stat. § 144.291(2)(g) (definition of "patient"). Those situations are: (1) health care services provided to a minor who is living separate and apart from his or her parents or legal guardian and who is managing his or her personal financial affairs (Minn. Stat § 144.341); (2) health care services provided to a minor who has been married or has borne a child (Minn. Stat § 144.342); (3) health care services provided to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, or alcohol or other drug abuse (Minn. Stat § 144.343); and (4) health care services provided when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment (Minn. Stat § 144.344). In all other situations, the word "patient" includes the parents of a minor who has received health care services, and a provider must provide the minor's parents with copies of the minor's medical records upon the parent's request. Minn. Stat. §§ 144.291(2)(g), 144.292.

The scope of the records that must be disclosed under Minnesota law is narrower than under the Privacy Rule, in that Minnesota law does not require the provision of records in electronic format. *Compare* Minn. Stat. § 144.292(5) *with* 45 C.F.R. § 164.524(c). This difference between state and federal law does not give rise to any problem of preemption because it is perfectly possible to comply with both the state and the federal requirements. 45 C.F.R. §§ 160.203 ("A standard, requirement, or implementation specification adopted under this subchapter that is contrary to a provision of State law preempts the provision of State law."), 160.202 ("Contrary … means … [a] covered entity … would find it impossible to comply with both the State and Federal requirements; or … [t]he provision of State law stands as an obstacle to the accomplishment and execution of the full purposes and objectives of [HIPAA].").

Here, Fairview has adopted requirements for a parent's proxy access to their child's electronic medical records that are out of compliance with the Privacy Rule.

By imposing across-the-board use of its MyChart Proxy Access Request Form, Fairview is requiring that the consent of the minor (and of Fairview) be obtained as a precondition to the parent's access to the minor's electronic medical records in all situations for all children over age 11. The Privacy Rule, however, only permits a provider to require the minor's consent as a precondition to the parent's access to the minor's medical records in specific, narrowly-defined circumstances – essentially involving pregnancy, venereal disease, alcohol or drug abuse, or domestic violence, abuse, or neglect.

The diagnosis and treatment of Turner syndrome clearly does not fall into any of these categories. Accordingly, the Johnsons have the right under HIPAA to access their daughter's electronic medical records as they now exist without the imposition of the requirements represented by Fairview's MyChart Proxy Access Request Form.

The Johnsons respectfully request that the Office of Civil Rights initiate a formal investigation of this complaint. The circumstances indicate a violation due to willful neglect.

The Johnsons have provided executed copies of the Office for Civil Rights' Consent Form together with this letter and its attachments.

Respectfully submitted,

/s/ *J. Robert Renner*
J. Robert Renner
Center for Individual Rights

cc: Privacy Office, Fairview Health Services, via email (privacy1@fairview.org)

Attachments

EXHIBIT A

[redacted]

[redacted]

MyChart Proxy Access Request Form

Thank you for your interest in MyChart, the electronic medical record portal for M Health Fairview. MyChart lets you (or a parent/custodian for minors) access many parts of your medical record. You can talk with your care team, view your test results, ask for medicine refills and set up appointments.

You can also give someone else access to your records in MyChart. This is called a **proxy**. Your proxy might be a spouse, parent, adult child or someone who helps you manage your health. You must have Internet access and an email address to use MyChart. Once you're set up, you or your proxy can use the secure MyChart website or mobile app.

Adults can grant or revoke MyChart proxy access to anyone they choose, or revoke (cancel) access from anyone they choose in the **Share My Record** section of their MyChart. No form needs to be completed to do that.

When this form is submitted in person, access codes and the steps to take are given to your proxy, and access is granted right away. When this form is mailed to your clinic, access codes and instructions are mailed to the proxy. Parents must be listed as the mother or father in the child's medical record in order for access to be granted.

- **For children aged 0-11,** parents or legal custodians will be given full access to the child's MyChart record. This access expires when the child turns 12. Each parent needs to fill out their own form to gain access to the records of their child(ren). A separate form must be completed for each child.

- **If you are a minor aged 12-17,** your care team needs to be involved in giving you and your parent, or legal custodian, access to your MyChart. You can have full access to MyChart on your own. Your parent or legal custodian can also be given access with your permission. However, due to Minnesota confidentiality laws, this can only be granted at an office with a provider.

- **For parents or legal custodians of minors aged 12-17,** you will be given limited proxy access to the minor's MyChart record, unless the minor allows access. If the minor and provider agree to this, you will have access to private information that the minor may have shared with their care team. Proxy access expires when the minor turns 18, unless the patient allows full access.

- **For foster parents, other legal custodians of minors, or legal guardians of adults,** proof of legal authority is required for proxy access to MyChart records. This proxy access expires when the legal authority ends.

Authorizations to Access Protected Health Information in MyChart

MyChart terms and conditions will be presented to you the first time you log in to MyChart. You must agree to those terms and conditions to use MyChart.

I allow Fairview Health Services and its partners to release medical information through MyChart to my proxy, named on the next page. I ask that you release this information for the following reason:

☐ Personal use ☐ Other: _____

[redacted]

Please release all information as allowed through MyChart.

- MyChart information includes visit summaries, messages, diagnostic results and health information from care providers using M Health Fairview's shared electronic medical record. These providers are listed at https://mhealthfairview.org/.
- If I change my mind, I can tell my care team at any time. I can do this verbally or in writing. This will not apply to records that have already been released. I can also revoke any proxy access in the MyChart app.
- If there's something I don't want shared to MyChart, I will discuss that with my care team.
- To be valid, this form must be completely filled out, signed and dated. A copy that has not been altered is as valid as the original.
- If I do not sign this form, I will still be treated for my health concerns.
- When records are visible to a proxy, M Health Fairview and its partners **cannot** prevent the proxy from releasing your records to a third party.

[redacted]

Patient information (this can be a child 0-11, adolescent 12-17, or adult 18+)

Full Name _____ Medical Record # _____

Address _____ Birth Date _____

Patient Phone _____ Patient Email _____

[redacted]

Proxy information

Name _____ Phone _____

Previous Names _____

Address _____ Birth Date _____

Proxy Phone _____ Proxy Email _____

Relationship to patient (parent of minor, legal custodian, foster parent, legal guardian, etc.)

_____

Is this person a patient at an M Health Fairview or partner clinic? ☐ Yes ☐ No

[redacted]

Signature of Patient or Authorized Person _____ Date _____

Signature of Proxy _____ Date _____

[redacted]

Provider Signature for Minor (12-17) Access _____ Date _____

If the patient did not sign **and** is not under 12, what is the reason patient is unable to sign?

_____

Internal Clinic Use Only:

☐ Check here when proxy setup is complete

☐ Scan into the registration document table.

EXHIBIT B

Authorization for Release
of Protected Health Information

Print patient's legal name: _____ Birth date: _____

Other names used: _____ Day Phone: _____

Patient address: _____

1. **Please release my records from:** *(Who has your records? Please name the hospitals and/or clinics below. For example: Fairview, HealthEast, University of Minnesota Physicians Clinic (UMP) or other organizations.)*
   Name: _____ Phone: _____ Fax: _____
   Address:_____City:_____State:_____ Zip:_____

2. **A. Release records for this health issue or treatment date(s): _____**
   (If you leave the line above blank, we'll release 1 year's worth of your most recent records.)
   ☐ Related (pertinent) hospital and clinic records (notes, test results, medicines) ☐ Vaccines
   ☐ Radiology reports ☐ Lab/Pathology reports ☐ EKG/echo reports ☐ Health maintenance records
   ☐ X-ray/radiology images ☐ Emergency/Urgent Care ☐ History & physical ☐ Billing information
   ☐ Other (which ones?): _____
   B. We'll release **all** records for mental health, addiction, and AIDS/HIV-related illness, testing, and treatment for the dates above unless you tell us **not** to release those records. **Please list any records you *don't* want us to release:**
   _____

3. **Please release my records to:** *(Who needs your records? Where do you want the information sent?)*
   Name: _____ Phone: _____ Fax: _____
   Address:_____City:_____State:_____ Zip:_____

4. **Deliver with:** ☐MyChart (patient portal) ☐ US mail ☐ CD ☐ E-mail (address: _____)
   ☐ Fax (only for continuing care) ☐ Will pick up (by appointment only) **Date needed by:** _____

5. **To be used for:** ☐ Continuing care ☐ Insurance ☐ Personal use ☐ Disability ☐ Legal ☐ _____

6. **I understand that:**
   - If I change my mind, I can write to the address I listed under number **1** above and tell them to stop releasing my records. This **won't** take back any records that have already been released.
   - After the records are released, the place that released my records **can't** stop them from being shared with someone else. At that point, state and federal privacy laws may no longer protect my records.
   - If my records include information that you got from other places, this information may be released along with the rest of my records.
   - You may release records of my **future visits**, starting on the date I sign this form and ending on: _____ (date).
   - I may have to pay a fee for releasing these records.
   - A copy of this completed, signed form is OK (valid) as long as it's **not** changed after signing.
   - I understand that signing this form won't affect my treatment, payment, enrollment, or benefits, unless the treatment is used for research.
   - This form expires 1 year after I sign it, or on _____, unless the law says otherwise.

_____	_____	_____	_____
Date	**Time**	**Patient or authorized person sign here**	**If you're *not* the patient, print your name and why you can sign for the patient. (We may need proof)**

If you used an interpreter, please fill in the information below:

_____ _____ / _____ _____ _____

Interpreter name (if used) *Language/Organization* *Date* *Time*

Directions for the Authorization for Release of Protected Health Information Form

Fill out the entire form neatly. Please print. Please note that blank items on this form may cause major delays in processing your request. Complete this form as fully as possible. Allow at least 10 business days for processing.

Top - Patient Information: This is about the patient. Please fill it out completely.

1. Release records from: Write down which clinic, hospital, or other place has the medical records.

2A. Release records for this health issue or treatment date(s): Check or write out which records you want released. Mark the box next to what you want released. Check "other" to request any records not listed. Please write which records you need.

2B. Please list any records you *don't* want us to release: List any records for the dates or health issues you listed above that you **don't** want released.

3. Please release my records to: Write down your name or the name of another person, health care site or organization that needs the medical records. (Please note: it is M Health Fairview's policy NOT to fax or e-mail patient information except for direct patient care needs or by patient request, such as to a hospital or clinic.)

4. Deliver with: Mark how you would like the records to be prepared and delivered. The patient portal offers secure online delivery for patients who have shared their e-mail address.

5. To be used for: Mark why you need a copy of the records. This will help us track your request. It also tells us who should pay if there is a cost for any of the records.

6. I understand that: Read the bullet points. This consent will expire (end) in 12 months unless you write in a different date. You may **stop** or **revoke** (take back) your consent by writing us. Sign and date the form and include the time. If you are signing the document **for** the patient, we may need to see proof of your legal authority. Proof examples: Power Of Attorney (POA) for Healthcare, Advance Care Directive, or court-appointed Legal Guardianship documents

Contact Information for Release of Information:

M Health Fairview
Release of Information: 2450 Riverside Ave, Minneapolis, MN 55454 (**Pickup by appointment only**)
Email: releaseofinformation@fairview.org
Phone: 952-924-5165
Fax to send **requests** for records: 952-915-8824
Fax to send records: 612-884-3667

Fairview Range Medical Center
Health Information Management
750 East 34th Street
Hibbing, MN 55746
Phone: 218-362-6627
Fax: 218-362-6678

Grand Itasca Clinic & Hospital
1601 Golf Course Road
Grand Rapids MN 55744
Phone: 218-326-3401
Fax: 218-999-1513

FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah. So wac 612-273-3780.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-273-3780.

We comply with applicable federal and state civil rights laws, including the Minnesota Human Rights Act. We do not discriminate because of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex.