

MyImages Quick Start Guide (Updated 2/18/2020)

<https://ewebapps.ccf.org/MyImages>

The MyImages application is an online form used to request a copy of your imaging studies done throughout the Cleveland Clinic Health System.

To use the online request form you must be either the patient or the patient guardian and have had your images taken at a Cleveland Clinic location in Ohio and you must be either sending the images to the patient's address or picking the images up at the Cleveland Clinic in Cleveland, Ohio.

1. Patient Validation:

To use the online request form you must fill in the patient's Last Name, Date of Birth, Gender, CCF Medical Record Number (MRN / Account Number), and the requester's Relationship to the Patient. This information must match exactly with Cleveland Clinic information to process the request online. *(Submitters who are unable to submit an online request are directed via the link at the bottom of the page to a page with instructions on submitting a request via Fax.)*

To continue you must also agree that you are either the patient or the legal guardian of the patient and have rights to request the information.

Patient Validation

Last Name

Date of Birth

Gender

MRN / Account Number

[How to find MRN?](#)

Relationship to Patient

I agree that I am the patient, parent or legal guardian and have rights to this information

Click here for a [Faxable Form](#) (PDF)
Fax your release to 216.445.7598

2. Request Form

After passing patient validation, the requester proceeds to the Images Requested section where the type of image is selected and a free-form field that where detailed information on the images is entered. Be as specific as possible to assist with finding your images. The next section Delivery Type is where you specify how and where you want your CD/DVR disk delivered.

Patient Information

Name <input type="text" value="Labfour Labtest"/>	Gender <input type="text" value="Male"/>
Date of Birth <input type="text" value="8/3/1977"/>	MRN <input type="text" value="56000046"/>
Telephone <input type="text" value="(216) 555-5555"/>	

Images Requested

Image Type <input type="text" value="Radiology Image"/>	Exam Date(s) / Additional Information <input type="text" value="Pre-surgical images from 10-26-2018."/>
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Delivery Type

Number of Image CDs Requested <input type="text" value="1"/>	Images may either be picked up by the patient from the Cleveland Clinic's Main Campus location or delivered to the patient's or a third party's home address.
Delivery Type <input type="text" value="Ship to Home Address"/>	

The subsequent Shipping Information allows you to confirm the delivery address for the CD/DVR disks.

Shipping Information

First Name <input type="text" value="Labfour"/>	Address 2 <input type="text"/>
Last Name <input type="text" value="Labtest"/>	City <input type="text" value="WOOSTER"/>
Address 1 <input type="text" value="158 Stress Lane"/>	State/Province <input type="text" value="Ohio"/>
Address 2 <input type="text"/>	Zip/Postal Code <input type="text" value="44691"/>



3. Signature and Payment

Submitter then agrees to the terms and confirms their relationship to patient by providing an electronic Signature by retyping their name. Also required is an Email address to which status updates and order payment communications are sent.

Signature

Signature

Date Signed

Relationship to Patient

Email
 ✕
Enter to receive status updates via email

By typing in your full name you agree that this acts as your legal signature.

Below this is a summary of the charges for the CD/DVD media, shipping and tax due for this order. Following your review of the summary, click on “Proceed to Payment” to enter credit card payment information.

Pricing

Image CDs

Shipping

Tax

Total

Images are priced at \$3.25 per copy of each image CD. Flat rate FedEx shipping is used for each delivery address. Images that are picked up at Cleveland Clinic's Main Campus have no delivery charge.

4. Credit Card Payment

Enter your credit card information and then click “Complete Payment”.

Payment



Please enter credit card information and press the Complete Payment button to request your images.

Name on Card

Amount

Credit Card Number

CVC Number

Card Type

Expiration Date

Complete Payment

Cancel

When payment is complete, you will receive an on-screen Image Request Receipt for the amount charged to your credit card. You are advised to save or do a print screen of this page for your records.

Image Request Receipt

Congratulations, you have successfully requested your Cleveland Clinic Image(s)!

Your credit card has been charged the amount below.

If you provided an email address please check your email instructions.

If you selected shipping, your images will be shipped by FedEx. If you selected pickup, your image will be ready for pickup in 48 hours.

[Request more images.](#)

Please print for your records

Request Id:	1287
Patient:	Labfour Labtest
Date Submitted:	2/13/2020
Image Type:	Radiology
Exam Date(s) / Additional Info:	Pre-surgical images from 10-26-2018.
Phone Number:	(216) 555-5555
Email:	ILabfour27@gmail.com
Delivery Type:	Delivery
Number of Cds Ordered:	1
Images:	\$ 3.25
Shipping:	\$ 6.75
Taxes:	\$ 0.80
Total:	\$ 10.80

Note that if you have additional images to request, use the “Request more images” link to place an additional order. You will also receive an email confirmation of your order and payment.

Contact the Cleveland Clinic Image Library; A Building – Crile Building; Desk A21; 2049 E. 100th Street; Cleveland, Ohio 44195; 216-444-6651 or Toll-Free 1-800-223-2273 with questions.