Department of Veterans Affairs

# INDIVIDUALS' REQUEST FOR A COPY OF THEIR OWN HEALTH INFORMATION

## PRIVACY ACT INFORMATION

The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veteran Affairs (VA) in accordance with 38 CFR 1.577. The information on this form is requested under Title 38 U.S.C. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Location of the VA Health Care Facility)*

| LAST NAME- FIRST NAME- MIDDLE NAME | DATE OF BIRTH *(mm/dd/yyyy)* |
|---|---|
| | |

PATIENT'S MAILING ADDRESS (*including City, State and Zip Code*)

## DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of information to be provided:

- ☐ HEALTH SUMMARY *(Prior 2 Years)*
- ☐ INPATIENT DISCHARGE SUMMARY *(Dates)*: _____
- ☐ PROGRESS NOTES:
  - ☐ SPECIFIC CLINICS *(Name & Date Range)*: _____
  - ☐ SPECIFIC PROVIDERS *(Name & Date Range)*: _____
  - ☐ DATE RANGE: _____
- ☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*: _____
- ☐ LAB RESULTS:
  - ☐ SPECIFIC TESTS *(Name & Date)*: _____
  - ☐ DATE RANGE: _____
- ☐ RADIOLOGY REPORTS *(Name & Date)*: _____
- ☐ LIST OF ACTIVE MEDICATIONS _____
- ☐ VACCINATION *(Dose, Lot Number, Date & Location)*: _____
- ☐ LEGAL HEALTH RECORDS FOR TORTS: _____
- ☐ OTHER *(Describe)*: _____

## COPY OF HEALTH INFORMATION IS TO BE DELIVERED TO THE INDIVIDUAL

☐ PAPER ☐ CD-ROM ☐ OTHER: _____

☐ IN-PERSON PICK-UP, PROVIDE CONTACT PHONE NUMBER: _____

**MAIL TO:** ☐ SAME ADDRESS AS ABOVE ☐ NEW ADDRESS BELOW

| PATIENT SIGNATURE *(Sign in ink)* | DATE *(mm/dd/yyyy)* |
|---|---|
| | |

**NOTE:** If signed by someone other than the individual, indicate the authority (e.g. guardianship or power of attorney) under which request is made.