

VARA HIPAA Medical Records Request

Patient-Initiated Request Under 45 CFR 164.524

YOUR INFORMATION

Name:

Date of birth:

Address:

City, State, ZIP:

Phone:

Email:

Date of this letter:

RECIPIENT

Attn: Medical Records Department

Provider or practice:

Address:

City, State, ZIP:

Subject: Request for Complete Medical Records Under HIPAA Right of Access, 45 CFR 164.524

To whom it may concern,

I am writing to exercise my right of access to my protected health information under 45 CFR 164.524. I am the patient named above. This is a patient-initiated request for my own records. It is not a third-party directive and is not submitted by an attorney or claims representative.

My medical record number with your practice, if known, is:

I request a complete copy of my medical records in your possession, including:

- All progress notes and clinical notes
- All diagnoses, including ICD-9 or ICD-10 codes
- All treatment records and procedure notes
- All imaging (X-ray, MRI, CT, ultrasound) and the accompanying radiology reports
- All laboratory test results
- All prescriptions and medication history
- All referrals, consultations, and specialist reports received by your practice
- All correspondence contained in my chart

Please do not send a summary or abstract. I am requesting the underlying records themselves.

☐ I also request my mental health records that are not psychotherapy notes. If this box is not checked, please exclude mental health records from your response.

Psychotherapy notes, as defined in 45 CFR 164.501, are excluded from this request by regulation and I am not requesting them.

Please provide the records in electronic format (PDF) sent to the email address listed above. If electronic delivery is not available, please mail paper copies to the address above.

Under 45 CFR 164.524(b)(2), you must act on this request within 30 calendar days of receipt. If you cannot complete the request within that window, please provide a written statement of the reason and the date by which you will complete it, as permitted by 45 CFR 164.524(b)(2)(ii).

Under 45 CFR 164.524(c)(4), a covered entity may charge a reasonable, cost-based fee for providing a copy of PHI to the patient. Permitted fee components are limited to labor for copying, supplies, and postage. Search and retrieval labor, data storage and infrastructure costs, and HIPAA compliance labor are not permitted. If the fee will exceed a nominal amount, please contact me with the total before producing the records so I can decide whether to proceed or narrow the request.

I am requesting these records to support a VA disability claim. The records will not be used commercially.

If you intend to deny any part of this request, please provide the denial in writing with the specific reason and information on my right to review and appeal, as required by 45 CFR 164.524(d).

Thank you for your assistance.

Signature:

Printed name:

Date:

Prepared with VA Rating Assistant - varatingassistant.com

This letter invokes your HIPAA Right of Access under 45 CFR 164.524.

It is a template. Review and adjust before sending. VARA is not a law firm and this is not legal advice.

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Instructions for the Veteran

Read this page before mailing or faxing the letter on page 1.

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- Fill in every blank before mailing or faxing. Providers may reject incomplete requests or delay a response.
 - Sign and date the letter. An unsigned request may be rejected by the provider.
 - Keep a copy of the signed letter and note the date you sent it.
 - Send by USPS with tracking, or fax with a confirmation page. Email is not universally accepted for PHI requests.
 - Federal law requires the provider to respond within 30 calendar days of receipt. A single 30-day extension is allowed if the provider notifies you in writing.
 - If the provider charges a fee, ask for an itemized breakdown. Under the Patient Rate, only copying labor, supplies, and postage are permitted.
 - If you have not received records within 30 days (or 60 days with a written extension notice), follow up in writing.
 - If your request is denied, you have the right to appeal under 45 CFR 164.524(d). Ask for the denial in writing.
 - Some providers require a separate signed authorization for mental health records even under HIPAA right of access. If your first request is denied for that reason specifically, contact the provider and ask what form they require.
 - If the provider is non-responsive or you believe your right of access was violated, you may file a complaint with the HHS Office for Civil Rights at <https://www.hhs.gov/ocr/complaints/>.
 - State law may give you stronger access rights than HIPAA. Those still apply on top of this federal floor.