

WILSON COUNSELING, LLC

REQUEST FOR RECORDS

Date: _____

Person Making Request: _____

Street Address: _____

City, State, Zip: _____

RE: Client: _____

DOB: _____

SSN: _____

I am writing to request copies of my medical records. I, or my child, was treated in your office. I understand that I am entitled to one free copy of my health records. After my free copy, I may be charged a reasonable fee for copying the records, but I will not be charged for the time spent locating the records.

___ Mail the requested records to me at the above address. I understand that I may be charged for postage.

___ Fax the requested records to me at _____.

- By initialing here _____, I understand Wilson Counseling/Wilson Place is not able to ensure the privacy of my information if I choose this method of transmission to receive protected health care information.

If you need any additional information, I can be reached at _____.

Sincerely,

[Your signature]

Your name printed: _____

Your relationship to client: _____

WILSON COUNSELING, LLC

REQUEST FOR MEDICAL RECORDS

Instructions: Wilson Counseling desires to collaborate with you in your care and will make every effort to comply with your request in a timely manner. Records are typically provided within one to two weeks. Please fill out this form completely and submit in person, by mail, or by fax. Record requests must contain a handwritten signature. The person making the request must have authorization to receive the records. This means an authorization signed by the client or permission of a child's guardian. Records can be provided to either parent when joint custody is held.

Important: Progress notes are not considered a part of the medical record (see below). Provider discretion will be utilized in providing copies of this portion of a client record.

For more information about your right to medical records, please see:

<https://www.hhs.gov/hippa/for-individuals/medical-records/index.html>

"Your Medical Records

The Privacy Rule gives you, with few exceptions, the right to inspect, review, and receive a copy of your medical records and billing records that are held by health plans and health care providers covered by the Privacy Rule.

Access

Only you or your personal representative has the right to your records. A health care provider or health plan may send copies of your records to another provider or health plan only as needed for treatment of payment or with your permission. The Privacy Rule does not require the health care provider or health plan to share information with other providers or plans. HIPPA gives you important rights to access your medical record and to keep your information private.

Charges

A provider cannot deny you a copy of your records because you have not paid for the services you have received. However, a provider may charge for the reasonable costs for copying and mailing the records. The provider cannot charge you a fee for searching for or retrieving your records.

Provider's Psychotherapy Notes

You do not have the right to access a provider's psychotherapy notes. Psychotherapy notes are notes that a mental health professional takes during a conversation with a patient. They are kept separate from the patient's medical and billing records. HIPPA also does not allow the provider to make most disclosures about psychotherapy notes about you without your authorization.

Corrections

If you think the information in your medical or billing record is incorrect, you can request a change, or amendment, to your record. The health care provider or health plan must respond to your request. If it created the information, it must amend inaccurate or incomplete information.

If the provider or plan does not agree to your request, you have the right to submit a statement of disagreement that the provider or plan must add to your record.

See 45 C.F.R §§ 164.508, 164.524 and 164.526"