



8140 Ashton Avenue

Suite 200

Manassas, Virginia 20109

703.330.9933 Fax 703.686.4319



12721 Darby Brooke Court

Suite 102

Woodbridge, Virginia 22192

703.497.1771 Fax 703.497.1225

Request to View or Obtain Copy of Personal Medical Records

I, _____, hereby request to inspect or obtain a copy of medical records from **Woodbridge Therapy Group**. Under Federal Law 104-191, also known as HIPAA, I am entitled to such access upon written request.

Policies and Restriction on Viewing or Copying Personal Medical Records

- Under Federal law, we may only provide a “Designated Record Set” of your Personal Medical Records. This Designed Record Set only includes medical and/or billing records we physically store and maintain on our premises, and only includes those portions of medical records that “are used to make decisions about patients”.
- We are NOT able to provide you with:
 - Items not maintained in legal health records
 - Education records exempt from HIPAA
 - Psychotherapy Notes
 - Data exempted by the Clinical Lab Improvements Act
 - Data involved in criminal, civil, or administrative actions
 - Records put together in anticipation of legislation
- If an Electron Health Record (HER) system is in use, you may request and obtain an electronic copy of your medical records. You may also instruct us to send an electronic copy of your medical records to any third party you specify in writing. Please be aware that our email system is not encrypted or HIPAA compliant. Should you choose to receive your medical records electronically your patient health information (PHI) be aware that, although unlikely, there is a possibility that the information included in the email can be intercepted by other parties the individual or organization to whom it is addressed.
- We may legally deny your request for access to your medical records, without opportunity for appeal, in the following circumstances:
 - You are an inmate in a correctional institution and access would endanger your health and safety or the health and safety of anyone else in the facility.
 - Your Records were generated in the course of ongoing research and disclosure would jeopardize the research. (You must have agreed, in writing, to such a restriction previously. And if so, your right of access will be restored at the conclusion of the research.)
 - Your records are subject to Federal Privacy Act protections (Under 5 USC552a)
 - The information was obtained from someone under a promise of confidentiality and the access requested would be reasonably likely to reveal the source.
- We may legally deny your request for access to your medical records but with an opportunity for appeal, if such access is reasonably likely to endanger the life or physical safety or cause substantial harm to you or another person.
- Our Policy is to respond to and fulfill your request within 7 – 14 business days
- If you are simply viewing your Designated Record Set, we reserve certain days and times for such viewing.
- If you are requesting copies of your Designated Record Set, fees will be charged for any and all copies. Our Policy is to charge a \$25 flat fee for the initial 50 pages of the medical record and \$1 fee for each subsequent page of the record. Payment must be made in full before the records will be released.



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Please complete the following legibly and in its entirety:

Patient Name: _____ **Date of Birth:** _____

Address: _____

Reason for request: _____

I request to obtain a copy of the following (initial any and all which apply):

- _____ Initial Assessment
- _____ Diagnosis
- _____ Treatment Plans
- _____ Summary Report
- _____ Progress Notes
- _____ Psychological Testing Results
- _____ Billing/Insurance Statements
- _____ Other, specify _____

I authorize that my medical records be sent to:

Name _____ **Relationship:** _____

Address: _____

Phone: _____ **Fax:** _____

Signature of Patient / Personal Representative

Printed Name of Patient / Personal Representative

Date of Request

Staff Signature