VSS Virginia Spine Specialists
Minimally Invasive Spine Care
1-855-SPINE FIX (774-6334)

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Board Certified Neurosurgeon

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Physician Assistant

MEDICAL RECORDS REQUEST FORM

Please complete the following information:

Patient Name: _____ **DOB:** _____

Address: _____ **Phone:** _____

I authorize the custodian of records, or other person/entity (specifically describe) to disclose/release the following information* (check all applicable):

- ❏ All Records
- ❏ Specific Date Range _____ to _____
- ❏ Other (describe specifically): _____

- ❏ Operative Reports
- ❏ Imaging: _____

Please Note:

1. *If these records contain any information from previous providers or information about HIV/AID status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are hereby authorizing disclosure of information.* ☐ *DO NOT DISCLOSE THIS INFOMRATION*

2. *Records obtained from prior treating doctors will be included in these documents.* ☐ *DO NOT DISCLOSE THIS INFORMATION*

Method of receiving records:

❏ **Mailed to:** _____ ❏ **Faxed To:** _____ ❏ **Picked Up**: _____

Fax #: _____ (office location)

Reason for Disclosure:

- ❏ Personal
- ❏ Attorney

- ❏ Workers' Comp
- ❏ Transfer of Care

- ❏ Disability
- ❏ Other: _____

I hereby request disclosure of the health information for the above-named patient. This request is only valid 12 months from the date of my signature. I understand that after the custodian of records discloses my health, information, it may no longer be protected by federal privacy laws. My refusal to sign will affect my ability to obtain records.

_____   ____/____/_____

Signature of Individual   **Date**

_____   ____/____/_____

Guardian or Personal Representative of patient   **Date**

NOTE: FEE FOR PRINTED MEDICAL RECORDS $0.50 PER PAGE UP TO 50 PAGES AND $0.25 A PAGE THEREAFTER FOR COPIES FROM PAPER PLUS A $10.00 RETRIEVAL/PROCESSING FEE. ALL POSTAGE AND SHIPPING COSTS ARE INCLUDED.

Requests for access to health records in an electronic format must be made in writing, dated, and signed by the requestor, identify the nature of the information requested, include evidence of the requestor's authority to receive access, identify the person to whom information is to be disclosed, and specify the preferred format. Within 15 days of receiving a request for access, the entity must take one of the following actions: Furnish the copies of or allow access to the requested records in electronic format, if requested; If the information does not exist or cannot be found, inform the requestor; If the entity does not maintain a record of the information, inform the requestor and provide the name and address of the entity that does maintain the record, if known; or Deny the request.

_____   ***For Staff Only:***

Total Page(s) Count: _____

_____ **pages at $ 0.50 per page** $ _____   **Date Received:** _____
_____ **pages at $ 0.25 per page** $ _____   **Processed by:** _____
_____ **Processing Fee:** $ _____   **(Full Name)**

Total Amount Due: $ _____   **Mode of payment:** ❏ Credit Card ❏ Cash ❏ Check: (#) _____

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