HENRICO AREA MENTAL HEALTH & DEVELOPMENTAL SERVICES

INDIVIDUAL REQUEST TO ACCESS RECORDS

PLEASE READ CAREFULLY AND COMPLETE

Date: _____ Individual Name: _____

Individual Date of Birth: _____

This request applies to the clinical record created by Henrico Area Mental Health and Developmental Services (HAMHDS) and other records used by HAMHDS to make decisions about the above named individual. These records are called the "designated record set"

Request access to:

☐	View above named individual's "designated record set"
☐	Obtain copies of above named individual's designated record set pertaining to: ☐Psychological Evaluation ☐Medication List ☐Diagnosis ☐Initial Assessment ☐Psychiatric Evaluation ☐Psychiatric Progress Notes ☐Discharge Summary Other:
☐	Obtain a copy of above named individual's entire designated record set

What format do you prefer:

☐	Paper
☐	Electronic (cd) available for records maintained in electronic format
☐	Electronic (pdf copy) available for records maintained in electronic format and emailed

Copies of records will be furnished for a fee: $0.37 per page up to 50 pages and $0.18 a page thereafter for copies from paper or other hard copy generated from electronic storage; $5.00 per cd for an electronic copy generated from electronic storage; no charge for electronic pdf copy sent via secure email. A $10.00 fee for search, handling and postage will be assessed for all requests.

How would you like the records delivered:

☐	By Mail. Mailing Address:
☐	By Email. Email Address
☐	In-Person Pickup

_____ _____

Signature of Individual Date

_____ **Initials of HAMHDS staff who verified individual's identity**

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If different from Individual,
Name of Person Requesting Access: (Print) _____

Phone #: _____

Address: _____

Relationship to Individual is:

- ☐ Parent
- ☐ Legal Guardian
- ☐ Authorized Representative
- ☐ Other:

_____ _____

Signature of Legally Authorized Representative | Date

_____ **Initials of HAMHDS staff who verified relationship documentation**

Response to Request to Exercise Individual Rights Letter (REC470) completed within 30 days of request.