

## PRACTICE FORM EXAMPLE

# Medical records request

An illustrative patient records request. Records access is governed by HIPAA and state law; adapt and verify before use.

**Educational example only.** This is not legal, medical, or compliance advice, and it is not a ready-to-use legal document. Requirements vary by state, payer, and setting. Adapt anything like this to your own situation and have it reviewed by qualified legal and compliance counsel licensed in your jurisdiction before using it in a practice. You are responsible for compliance with all applicable federal and state laws, including HIPAA. shrinkiatry publishes professional commentary and education, not legal or medical advice.

*Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.*

## Requester

Patient name, date of birth

Signature and date, or authorized representative and relationship

## Records requested

- Specific records or categories
- Date range
- Format and delivery method (secure portal, mail, pickup)

## Notes

Patients generally have a right to access their records, with limited exceptions and reasonable, cost-based fees. Sensitive records, such as substance use treatment records, can carry extra rules. Confirm what applies.

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