Department of Corrections
WASHINGTON STATE

REQUEST FOR HEALTH INFORMATION

Instructions: This form is to be completed by non-Health Services staff to request health information from DOC Health Services.

NAME (Last, First):	DOC NUMBER:	DATE: Click here to

Reason for requesting patient health information

Choose one

Type of information being requested

☐ Medications	☐ Medication compliance	☐ Ongoing health issues
☐ Physical limitations	☐ Work restrictions and duration	☐ Physical disability/mental impairment
☐ Accommodations required		
☐ Mental health diagnoses	☐ Mental Health Appraisal	☐ Behavioral Health Discharge Summary
☐ Psychological evaluation	☐ Typed mental health notes	☐ Mental health treatment records (all)
☐ Other:		

Date information needed by

Click here to enter a date.

REQUESTING STAFF NAME (FIRST AND LAST):	TITLE:	FACILITY/UNIT, FIELD OFFICE or HQ UNIT:

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.