Department of Corrections
WASHINGTON STATE

HEALTH RECORDS REQUEST
CONTINUITY OF CARE

This form is to request records for continuity of care only.

Continuity of care records request is defined as: A request from a healthcare provider for medical, dental, and/or mental health information only. For the purpose of providing on going medical, dental, and/or mental health care. It may be from a doctor's office, hospital, county jail, prison, Veterans Health Administration, or other treating entity.

Please send completed form to DOCHealthInformation@doc.wa.gov or fax to 360-273-9420.

Requests for reasons other than continuity of care, or for information that would not be contained in a health record, must be submitted to the DOC Public Disclosure Unit by email at DOCPublicDisclosureUnit@doc.wa.gov and requires authorization by the patient.

REQUEST AND PATIENT IDENTIFICATION

*Date request made: _____

*Urgency of request: ☐ Urgent ☐ Routine

*Preferred delivery method: ☐ Mail ☐ Fax ☐ Secure email

*Patient's name (Last, First, MI): _____

Patient alias(Last, First, MI): _____

*Patient's date of birth: _____

DOC number (if known): _____

*DATES AND TYPE OF INFORMATION BEING REQUESTED

Date range of information being requested:

☐ All dates ☐ Last 2 years ☐ Other: _____

Type of information being requested:

☐ Medication list (recent)
☐ DOC Health Care Summary
☐ TST results, TB treatment, chest x-rays
☐ History & Physical
☐ Outpatient notes
☐ Inpatient records
☐ Laboratory results
☐ Imaging reports
☐ Dental exam and notes
☐ Dental images
☐ Mental health notes
☐ Mental health assessments/evals

☐ Other (describe): _____

_____

_____

REQUESTING HEALTHCARE PROVIDER'S INFORMATION

*Facility name: _____

*Mailing address: _____
Street/PO Box

_____ _____ _____
City State Zip

*Requester's name: _____

*Phone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Email: _____

*Required

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.