



Department of Veterans Affairs

**INDIVIDUALS' REQUEST FOR A COPY OF THEIR OWN  
HEALTH INFORMATION**

**PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veterans Affairs (VA) in accordance with 38 CFR 1.577.

The information on this form is requested under Title 38, U.S.C. 501. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled.

VETERAN'S LAST NAME- FIRST NAME- MIDDLE INTIAL	SOCIAL SECURITY NO.	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DESCRIPTION OF INFORMATION REQUESTED**

Check applicable box(es) and state the extent or nature of information to be copied/printed, giving the dates or approximate dates covered by each

FACILITY WHERE TREATED:	DATES OF TREATMENT:
<input type="text"/>	<input type="text"/>

- COPY OF HOSPITAL SUMMARY       COPY OF OUTPATIENT TREATMENT NOTE(S)       OTHER (Specify)

All of my available electronic health records maintained by VHA.

**COPY OF HEALTH INFORMATION IS TO BE DELIVERED TO THE INDIVIDUAL**

<input type="checkbox"/> IN-PERSON	<input type="checkbox"/> BY MAIL, TO ADDRESS BELOW (include City, State & ZIP)	PHONE NO. <input type="text"/>
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All of my available electronic health records are to be delivered through My Health<sup>e</sup>Vet account.

By completing this form, I satisfy a requirement for an authenticated My Health<sup>e</sup>Vet account.

PATIENT SIGNATURE	DATE (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

**NOTE:** If signed by someone other than the patient, indicate the authority (e.g., guardianship or power of attorney) under which request is made.

**What is My HealtheVet?**

My HealtheVet is an online Personal Health Record (PHR). It enables Veterans to create and maintain a PHR that includes access to health education information, personal health journals, copies of key portions of VA patients' electronic health records, and electronic services such as online VA prescription refill requests, Secure Messaging and more. Some Veterans may view portions of their Department of Defense Military Service Information.

**Authentication**

Authentication is a process to verify the Veteran's identity. This provides a level of security that protects your information. As an authenticated user, you will be able to view copies of key portions of your electronic VA health record. Additionally, you will have access to your information from other sources as it becomes available.

**VA Health Record**

Copies of select portions of your VA health record may be viewed in My HealtheVet. Your VA health record is the official and authoritative record for the VA. .

**Privacy and Security**

My HealtheVet is a secure website. The VA follows strict security policies and practices. This is to ensure your personal health information is safe and protected. Once you download your information from My HealtheVet, it is your responsibility to keep it safe and private.

**My Privacy Rights**

Veterans who are enrolled for VA health care benefits are afforded various privacy rights in regards to health information maintained by VA under Federal law and regulations including the right to a notice of privacy practices. The VA Notice of Privacy Practices advises enrolled veterans of their rights to request access to or receive a copy of their health information on file with VA; request an amendment to correct inaccurate information on file with VA; and file a privacy complaint. By receiving a copy of your personal health information through My HealtheVet you are not giving up any of your privacy rights in regards to the information on file with VA. A copy of the VA Notice of Privacy Practices, IB 10-163, may be obtained through the Internet at <http://www.va.gov/health/default.asp> or through the mail by writing the VHA Privacy Office (10P2C1), 810 Vermont Avenue NW, Washington, DC 20420.

<https://www.va.gov/privacy/>