



**Evergreen
Treatment
Services**

Transforming the lives of individuals and their communities through innovative and effective addiction and social services.

CLINIC SERVICES



Participant Request for Copies of Medical Records

Request Date: _____ Participant ID: _____

Participant Name: _____ DOB: _____

I, _____ (participant or legal representative name), hereby request copies of my medical record which contains protected health information for Substance Use Disorder (SUD).

My records should be sent to:

Email: _____ Fax: _____

Mailing Address: _____

Evergreen Treatment Services (ETS) is permitted to charge a reasonable per page rate. ETS does not charge patients for copies of their medical records at this time; however, fees may apply for requests made by organizations or third parties. ETS's per page rate compliant with the federal WAC 246-08-400 Rule and RCW 70.02.010 which allows fees to be charged for copies of records. If this request is in response to a grievance report, there is no charge to the patient for the release of the records.

Please indicate which documents / information you are requesting from your medical record:

- | | |
|---|---|
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Social Security Number & Date of Birth |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Lab Reports |
| <input type="checkbox"/> Urine / BAL Test Results | <input type="checkbox"/> Attendance at Agency Appointments |
| <input type="checkbox"/> Drug & Alcohol History | <input type="checkbox"/> Psychiatric Assessment & Treatments |
| <input type="checkbox"/> Assessment of Treatment Progress | <input type="checkbox"/> Treatment Modality & Plan |
| <input type="checkbox"/> Group Participation | <input type="checkbox"/> STD Information |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Other: _____ |

Signature of Participant or Legal Representative

Date

Please submit completed request forms to a member of your care team or email a copy to our Health Information Management team (HIM) at HIM@evergreentreatment.org. For more information, visit evergreentreatment.org/medical-records-requests.