



Policy on Medical Records and Completion of Forms

At Virginia Integrative Psychiatry, we understand it is often necessary to have a copy of your medical records available for personal use, legal use, applications, or other medical use. With your written authorization, we will release records to a third party. In accordance with Virginia Va. Code Section 8.01-413 (2003), we charge 50 (fifty) cents per page for up to fifty pages, and 25 (twenty-five) cents a page thereafter for copies from paper or other hard copy generated from computerized or other electronic storage, or other photographic, mechanical, electronic, imaging or chemical storage process. It may take up to 15 (fifteen) days from the date of request, for the medical records to be furnished.

At Virginia Integrative Psychiatry, we understand you may need a form completed by a clinician. Examples of this include, forms for social security, FMLA, DMV, Return to Work, Fitness for Duty, and others not included here (hereafter, “the agency”). Completion of these forms takes time away from our clinician’s patient care duties. Accordingly, the following policy is in effect:

1. Forms must be provided at least one week prior to when they are to be turned in to the agency requesting it.
2. You must specify whether the forms are to be mailed to the agency or if you will be picking them up from our office.
3. You must provide a release of information (ROI) to us, specifying the agency and their contact information (if you have not already done so).
4. If there is a section on the form that requires completion by another clinician (for example, your primary care provider or therapist), this section will be left blank by our clinician.
5. The charge for completing any of the above forms is \$40 (forty)
6. The charge for producing a letter specific to a particular agency is \$50 (fifty). Requests for a type-written letter must include: the name and title of the individual the letter will be addressed to, the full address of the individual, what information is requested in the letter (for example, diagnosis and/or names of medications).

By signing below, you agree to the terms above. You agree to be billed for charges incurred, as detailed above. If a third party will be paying for the charges incurred, you agree to communicate that to us in writing. We will then submit a bill to the third party directly.

Patient or Guarantor’s name Patient or Guarantor’s signature

Date

