



**Letter, Documents and Forms to be completed
that require Protected Health Information (PHI)**

I, _____, am requesting: (a letter for: Veterans Affairs or lawyer... , or completion of disability information or military documents or special needs documents or _____) from my provider (s), _____.

The purpose of the documentation or PHI requested is to: _____

The recipient of the documentation is: _____

I want the documentation sent to or faxed to: _____

I need the documentation (providers need 2 weeks. notice) by: _____

I request the PHI to be released and sent in the following formats:

- ☐ **Letter** to be picked up at Better Mood Clinic (**\$100 fee is due now**; the final fee will be dependent upon the time spent in preparation). This \$100.00 fee is non-refundable.
- ☐ **Forms** of any kind (military PCS, disability, school, etc.) requiring a provider's signature, records review and/or time spent will be a minimum of \$50 **due now**.
- ☐ **Paper documents** (\$1.00 fee for each page of PHI) **due now**.
- ☐ **Fax transmittal** (\$1.00 fee for each page of PHI) **due now**.
- ☐ **Electronic transmittal of records** i.e., E-mail (\$35 is **due now**; final fee will be dependent on the amount of time spent in record retrieval). This \$35.00 is non-refundable.

I understand the fees noted are estimates. You may be charged more at the time of completion dependent on the nature of the documentation, the investment of the provider's time as well as the provider's credentials. Additionally, my signature is my consent to release this requested PHI to the recipient identified above.

Patient Signature

Date

Witness Signature

Date

[Note: As requested a copy of the signed authorization must be provided to the patient or their representative]

"A new day ... a new way"