



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
Kathleen Torella, Director

Instructions for obtaining copies of Medical Records

Per Washington State Law and the Health Insurance Portability and Accounting Act (HIPAA), individuals have the right to obtain copies of your eligibility status, claims or encounters, payment (where applicable) and authorization information on file with Spokane County Regional Behavioral Health Organization (SCRBHO) or Spokane County Regional Behavioral Health (SCRBH). This collection of information is called a designated record set.

To obtain a copy of these records, a request must be made in writing using the form found on the next page, and sent to the address below:

Privacy Officer
Spokane County Regional Behavioral Health
312 W Eighth Avenue
Spokane, WA 99204

We will typically answer your written request within 30 calendar days, however we may ask for an additional 30 calendar days to process your request if needed. We will let you know if we need the extra time.

Please be aware that SCRBHO / SCRBH does not keep complete copies of your medical records. SCRBHO / SCRBH only keeps source data that consists primarily of authorization information for both outpatient and inpatient services. To obtain a full set of health records, please contact the provider agency where services were provided, or sought. Follow the instructions from that individual provider agency to obtain a copy of those records.

Please also be aware that there may be a nominal cost for records that are delivered on paper, fax, or via electronic media.

For Substance Use Disorder services, if the client is not the individual requesting the release of information, ensure that the relationship to the client meets the Federal requirements under 42 C.F.R. Part 2 for authority to sign on behalf of the client.

Spokane County Regional Behavioral Health Organization (SCRBHO), Spokane County Regional Behavioral Health (SCRBH), its employees, officers and delegated sub-contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized by the following Client Records Request.





**Spokane County Regional Behavioral Health
Client Request to Access Designated SCRBHO/SCRBH Records**

Client's Name: Date of Birth:

Prior Name(s) Used: Phone #:

Client's Address:

City: State: Zip Code:

Email Address:

Please disclose my records to: myself at the address above or the following recipient:

Name:

Address:

City: State: Zip Code:

I am requesting SCRBHO/SCRBH information related to my services at the following provider agencies:
(Please list agency name(s) where services were provided or sought)

For the service date range from: to:

Services provided prior to January 2019 refer to the SCRBHO. Services provided after January 2019 refer to SCRBH as a part of Washington State Integrated Managed Care.

Information to be disclosed:
<input type="checkbox"/> Authorization Information
<input type="checkbox"/> Demographic Information
<input type="checkbox"/> Service and Payment Information
<input type="checkbox"/> Other (please specify):

Please note: Individual provider agencies are the source of all data for SCRBHO and SCRBH except for authorization decisions, and inpatient summaries. Please contact the individual provider agency where services were provided or sought for any information other than what is identified above.

I authorize SCRBHO/SCRBH to disclose my Behavioral Health Records as identified above and release SCRBHO/SCRBH and its employees from any liability regarding the release of information I requested.

Client Signature: Date:

----- or -----

Representative Name: Relation to Client:

Representative Signature: Date:

Witness Signature (if signed by other than client):