

Getting His Medical Records Out of a Jail or Prison

Three documents and a checklist. Read this page first — it takes two minutes and it is the difference between getting the records and getting ignored.

The thing nobody tells you

You cannot get an adult's medical records just by asking, even if he is your son, your husband or your brother. The facility is required to protect his medical information. The key that unlocks it is **his signature**, on a form that says he wants the records released to you.

That is why most families get nowhere. They write a heartfelt letter asking for records, and the facility writes back saying it cannot release them — and the family thinks they have been refused. They have not been refused. They have been asked for a form nobody told them about.

That form is **Document A** in this packet.

What to do, in order

1. **Print Document A.** Fill in everything you already know — his full name, his date of birth, his ID or inmate number, the facility, and your own name and address as the person who should receive the records.
2. **Mail Document A to him** with a note asking him to sign and date it at the bottom and send it back to you. If the facility requires a witness or a notary, there is a line for that. Some do, some do not — ask, or have him ask.
3. **When the signed form comes back, print Document B**, fill it in, and mail it to the facility *with his signed Document A attached*. Keep a copy of everything.
4. **Send it certified mail with return receipt** if you can afford it, about five dollars at the post office. That receipt is proof of the date they received it, and the date matters more than you would think.
5. **Write down the date you mailed it.** If you have heard nothing in three weeks, send the same letter again and write "SECOND REQUEST" at the top.

If he cannot sign. If he is unconscious, cannot see well enough to sign, or is not able to understand the form, there is a different route — a court order, a power of attorney, or being appointed his personal representative. Call us before you spend money on anything. That situation needs a person, not a form.

Do this part today, whatever else happens

Write down, on paper, everything you already know: every date you called, who you spoke to, what they said, every time he told you something was wrong. Do it tonight while you remember it. Memory fades fast and the facility's records are written by the facility.

Authorization for Release of Health Information

MY FULL NAME (PRINT)

MY DATE OF BIRTH

MY ID / INMATE NUMBER

FACILITY WHERE I AM HELD

1. Who may release my records

I authorize the facility named above, its medical department, and any provider that gives medical care there on its behalf, to release my health information.

2. Who may receive my records

NAME

RELATIONSHIP TO ME

MAILING ADDRESS

ALSO RELEASE TO (OPTIONAL)

3. What may be released

My complete medical record while I have been in custody, including everything checked below. If nothing is checked, I mean all of it.

- | | |
|--|--|
| ☐ Doctor, nurse and provider notes | ☐ Records from any outside hospital, specialist or emergency room visit |
| ☐ Sick call requests I submitted, and the responses | ☐ Chronic care and treatment plans |
| ☐ Medication records, including doses given and doses missed or refused | ☐ Records of any injury, fall or use of force involving me |
| ☐ Lab results, X-rays, CT and MRI scans and their written reports | ☐ Mental health records |

4. Why

So that the person named above can review my medical care, understand my condition, and help me get the care I need.

5. When this expires

This authorization expires **one year from the date I sign it**, unless I write a different date here: _____

Authorization for Release of Health Information (continued)

MY FULL NAME (PRINT AGAIN)

6. What I understand

- I can cancel this authorization at any time by writing to the facility's medical records office. Cancelling it will not undo anything already released.
- The facility cannot refuse me treatment or benefits because I signed this, or because I refused to sign it.
- Once my records are released to the person named above, they may no longer be protected by federal privacy law, and that person may be able to share them.
- I am entitled to a copy of this signed form.

MY SIGNATURE

DATE

WITNESS SIGNATURE (IF REQUIRED)

DATE

Records Request Letter

YOUR NAME, ADDRESS, PHONE AND EMAIL

_____ DATE

Medical Records Custodian / Health Services Administrator

FACILITY NAME AND ADDRESS

Re: Request for complete medical record

Patient: _____ ID number: _____

Date of birth: _____

Dear Medical Records Custodian:

I am requesting a complete copy of the medical record for the person named above, for the entire period he has been in your custody. His signed authorization permitting this release is attached to this letter.

Please include everything listed on his authorization, together with any records held by an outside medical provider that your facility contracts with, and any records from a hospital, specialist or emergency department he was sent to.

Please also preserve all of these records, and do not destroy, overwrite or discard any of them, including any video, incident reports or logs relating to his medical care or to any injury he has had while in custody.

Before you copy anything, please tell me in writing what the copying fee will be, so I can pay it promptly. If part of this request is denied, please tell me in writing which part and the reason.

Please confirm in writing that you received this request. I can be reached at the phone number and address above.

Thank you for your time.

SIGNATURE AND PRINTED NAME

Enclosure: Signed Authorization for Release of Health Information

Checklist and Record of What You Sent

Before you mail

- ☐ Document A is signed and dated by him, not by you
- ☐ His full name, date of birth and ID number appear on both documents and match
- ☐ Document A is attached to Document B
- ☐ You kept a photocopy or a phone picture of both, front and back
- ☐ You addressed it to the medical records custodian, not to the warden

Write this down and keep it

DATE MAILED _____

CERTIFIED MAIL NUMBER _____

DATE THEY CONFIRMED RECEIPT _____

FEE THEY QUOTED _____

DATE PAID _____

DATE RECORDS ARRIVED _____

WHAT WAS MISSING _____

If three weeks pass and nothing comes

Send the whole package again and write **SECOND REQUEST** across the top of the letter. Keep that copy too. A pattern of ignored written requests is itself worth having on paper.

Also write down, separately

Every phone call you have made about his care: the date, the time, who you spoke to, and what they told you. Every time he has told you something was wrong, and what he said. Do it now while you remember the details — not later, when it matters and you cannot.

Stuck, or they said no? Call **786-408-5073**. Tell us what they sent back and we will tell you what it means and what the next step is. There is no cost to ask.