



Department of Veterans Affairs

**INDIVIDUALS' REQUEST FOR A COPY OF THEIR OWN  
HEALTH INFORMATION**

**PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veterans Affairs (VA) in accordance with 38 CFR 1.577.

The information on this form is requested under Title 38, U.S.C. 501. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled.

VETERAN'S LAST NAME- FIRST NAME- MIDDLE INTIAL

SOCIAL SECURITY NO.

DATE OF BIRTH

**DESCRIPTION OF INFORMATION REQUESTED**

*Check applicable box(es) and state the extent or nature of information to be copied/printed, giving the dates or approximate dates covered by each*

FACILITY WHERE TREATED:

DATES OF TREATMENT:

COPY OF HOSPITAL SUMMARY

COPY OF OUTPATIENT TREATMENT NOTE(S)

OTHER (Specify)

All available electronic personal health records.

**COPY OF HEALTH INFORMATION IS TO BE DELIVERED TO THE INDIVIDUAL**

IN-PERSON

BY MAIL, TO ADDRESS BELOW (include City, State & ZIP)

PHONE NO.

Access to all available electronic personal health information via My HealtheVet (MHV) account.

All prerequisites for In-Person Authentication have been satisfied, including MHV training.

PATIENT SIGNATURE

DATE (mm/dd/yyyy)

**NOTE:** If signed by someone other than the patient, indicate the authority (e.g., guardianship or power of attorney) under which request is made.

## **What is My HealthVet?**

My HealthVet is an online environment where veterans, family, and clinicians may come together to optimize a veteran's health. Veterans are able to access a single source of trusted health information, one stop shopping for VA benefits, a health calendar, self-enter health insurance information, medical events, labs, medications, over-the-counter medications and supplements, allergies and immunizations, Military Health History, and nine health trackers (e.g., blood pressure, blood sugar, weight, temperature, cholesterol, pain level). Veterans are able to refill prescriptions online and track information in food and activity journals and personal and family health histories as part of the Personal Health Record (PHR). My HealthVet offers the first condition centers and healthy living centers and releases copies of key portions of health information contained in VA's electronic health record. My HealthVet is a PHR the veteran owns and controls.

## **To Upgrade a My HealthVet Account**

As part of the My HealthVet security measures, you will be asked to verify your identity in person at a VA Medical Center or Community Based Outpatient Clinic. You will be required to view an orientation video and present a signed VA Form 10-5345a-MHV overprint along with a valid government issued photo identification card.

## **Accessing Copies of Key Portions of Your VA Health Record**

You will be able to view copies of key portions of your VA health record. This will better enable you to monitor and protect your health. You can also print a summary of your Personal Health Record and share it with your VA and non-VA providers to improve the level of care you are receiving. Requested health information will be forwarded to your account after an initial delay to provide time for your healthcare provider to review the information and allow personal communication with you on occasion.

## **Privacy and Security**

All information placed in your My HealthVet account becomes part of your Personal Health Record. It is not distributed, shared or viewed by the VA, and all privacy and security information listed in the My HealthVet website terms and conditions still apply. It is important to remember that you also have a responsibility to keep your health information safe.

Here are a few tips for protecting your privacy:

You will be able to access your My HealthVet account by logging in anywhere there's Internet access, including public places like libraries. When you log on to My HealthVet, remember that people may see your personal information on the screen. Turn the screen away from their view. Don't walk away from the computer with your information showing. And always remember to log off when you have finished.

Don't share your user ID and password with anyone. Writing them down is a good idea, but keep them in a safe place, such as a wallet or purse. You may want to print copies of your Personal Health Record to take with you on trips or visits to providers. Be careful not to leave printed material in any public places and store copies in a safe place, like a locked file cabinet. If you share your Personal Health Record with others, VA has no authority to ensure these people protect your privacy. Be careful of who you give copies of your Personal Health Record. If you print updated copies of your Personal Health Record, be sure to destroy your old copies, preferably with a shredder.

## **My Privacy Rights**

Veterans who are enrolled for VA health care benefits are afforded various privacy rights in regards to health information maintained by VA under Federal law and regulations including the right to a notice of privacy practices. The VA Notice of Privacy Practices advises enrolled veterans of their rights to request access to or receive a copy of their health information on file with VA; request an amendment to correct inaccurate information on file with VA; and file a privacy complaint. By receiving a copy of your personal health information through My HealthVet you are not giving up any of your privacy rights in regards to the information on file with VA. A copy of the VA Notice of Privacy Practices, IB 10-163, may be obtained through the Internet at [http://www1.va.gov/Health\\_Benefits](http://www1.va.gov/Health_Benefits) or through the mail by writing the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC20420.