Privacy Statement:

Information will not be disclosed from any paper or electronic medical record except by the written authorization of the patient in accordance with the Privacy Act of 1974, HIPAA and all other privacy regulations. We consider the safeguarding of your personal information of the utmost importance.

Rev 01/12

How do I get a copy of my VA medical information?

Sign an authorization allowing the copying and release of your medical information (VAF 10-5345).

OR

Mail or Fax a letter with your name, social security number, what information you want released, to whom the information is to be sent and include a complete mailing address. A copy of a picture ID (ex. Drivers License) would be beneficial for signature verification. The letter must be signed and dated.

How do I get a copy of my private physician or outside hospital medical information sent to the VA?

Complete the proper authorization (VAF 10-212) with your name, address, phone number, date of birth, name and address of the provider sending the information.

Services provided by Release of Information:

-provide copies of information with a proper authorization to veterans and/or designated recipients

-request copies of medical information from private physician, outside hospitals and other VAMC's

-process requests for VA Regional Office and Regional Counsel

-request medical records/information be transferred to and from other VA hospitals or clinics

-In person authentication for the My HealtheVet System
(visit the website: www.myhealth.va.gov)

What constitutes a proper authorization?

- Signed by:
  -veteran
  -power of attorney
  -legal guardian

- Date (mm/dd/yy)
  [Authorization expires upon the completion of the request; there must be an expiration date or event]

- Specify what information is to be released and for what purpose (specify dates &/or visits)

- Specify where the information is to be sent (complete mailing address)

- A special consent is required for the following conditions:
  -alcohol / drug abuse
  -sickle cell anemia
  -HIV / AIDS

Contact Regional Office for:

-lost DD214

-copies of military records

-information on military loans, compensation and pension exams and change in pensions

Regional Office
575 N. Pennsylvania Street
Indianapolis, IN 46204
1-800-827-1000

OR

For DD214's and military records:

National Personnel Records Center
1 Archives Dr
St. Louis, MO 63138
Fax# 314-801-9195
www.archives.gov/veterans/evetrecs

(include name at military time, social security number, service dates and branch of service)

QUICK REFERENCE GUIDE TO RELEASE OF INFORMATION (ROI)

Mailing Address:

RLR VAMC
ATTN: Release of Information (HIMS)
1481 West 10th Street
Indianapolis, IN 46202

For general questions about Release of Information (ROI) call:
(317) 988-2326
(888) 868-8779, outside Marion County

HOURS: 8:00am -3:00pm
Monday – Friday
Supervisor –Carol Rector
(317)988-3207

Release of Information Fax:
(317) 988-5484

Radiology Films:
(317) 988-3816
Fax: (317) 988-2130