

**VERITAS ONE, INC.**  
**MEDICAL RECORDS REQUEST (PATIENT ACCESS) — FAX COVER**

**RETURN FAX (SECURE):** [Your Secure Fax Number]  
**ALTERNATE SECURE DELIVERY:** [secure@veritasone.com](mailto:secure@veritasone.com) or SFTP  
**CONTACT (QUESTIONS):** [Your Phone] | [Your Address]

**TO (HIM/ROI):** test

PROVIDER FAX: +1-938-336-4787

PHONE: [PROVIDER PHONE]

**FROM:** Veritas One, Inc. (designated agent for the patient)

**DATE:** November 13, 2025

PAGES (INCLUDING COVER): 3

REQUEST ID: 10

**PATIENT INFORMATION**

**PATIENT:** Test Three

**DOB:** 1979-01-01

PHONE: 555-555-5555

EMAIL: test.three@test.com

OPTIONAL IDENTIFIERS: MRN [\_\_\_\_\_] | LAST 4 SSN [\_\_\_\_\_]

**RECORDS REQUESTED (DESIGNATED RECORD SET)**

- ☐ ALL RECORDS, ALL DATES (clinical + billing; radiology reports & images)
- ☐ DATE RANGE: [FROM] to [TO]
- ☐ SPECIFIC DOCUMENTS: \_\_\_\_\_

**SENSITIVE CATEGORIES (RELEASE IF INITIALED ON ATTACHED AUTHORIZATION)**

HIV/STD \_\_\_\_\_ GENETIC \_\_\_\_\_ REPRODUCTIVE/SEXUAL HEALTH \_\_\_\_\_

MENTAL/BEHAVIORAL HEALTH (non-psychotherapy) \_\_\_\_\_ SUD/42 CFR PART 2 \_\_\_\_\_

**NOTE: PSYCHOTHERAPY NOTES REQUIRE A SEPARATE SPECIFIC AUTHORIZATION.**

**DELIVERY (FORM/FORMAT REQUESTED)**

- ☐ Fax to return number above   ☐ Secure electronic delivery (upload/SFTP/Direct/portal)   ☐ Encrypted email

**AUTHORITY & TIMING (HIPAA RIGHT OF ACCESS)**

Patient-directed access request under 45 C.F.R. §164.524. Please respond as promptly as possible and no later than 30 days from receipt (one 30-day extension with written notice). Fees must be reasonable and cost-based.

**ATTACHMENTS**

- (1) Patient-signed HIPAA authorization (expires 180 days unless otherwise stated)
- (2) [Optional] Photo ID

**CONFIDENTIALITY NOTICE:**

This fax may contain protected health information (PHI). If you received it in error, notify the sender and destroy all copies.

**42 C.F.R. PART 2 NOTICE (IF APPLICABLE):**

This information has been disclosed to you from records protected by 42 C.F.R. Part 2. Redisclosure is prohibited unless permitted by the patient's consent or by Part 2.