



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Records Request

Please complete and return this form to a Department of Health and Welfare office.

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance.
Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

Please list where you would like us to send the information you have requested and contact information in case we have questions regarding your request for information.

Requestor Name _____ Telephone _____
Mailing Address _____ Fax Number (optional) _____

If you are requesting client-specific information, please include client information.

Client Name _____ Client Date of Birth _____
(First, MI, Last)
Client Address _____ Client Telephone _____

Detailed Description of Record Requested - Please be very specific

Do you want to:

- Review this information**
- Receive a copy of this information. Please note:** If the request consists of 100 pages or more, there will be a 10¢ per page charge.

The Department will notify you in writing if we are unable to respond to your request within three working days.

If this request is being made by someone other than the subject of the record, please describe and provide documentation of your authority to request that person's information _____

Your signature _____ Date requested _____

If you are requesting client-specific information, your signature must be notarized if you submit this request by mail or fax.

I, _____, being a Notary Public, do hereby certify that on this day _____ of _____, 20____, the above individual, having been first duly sworn, appeared before me and signed the foregoing document.

Signature of Notary Public

Notary Public residing at _____
My commission expires on _____

For DHW Office use only

- ID Provided _____
 Form Complete _____
Authority:
 Accessing own records _____
 Documentation Attached _____
 Not Required _____