Records Request Form

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 o al 1-800-926-2588 para obtener la ayuda de un intérprete.

Please provide your contact information in case we have questions regarding your request for information.

1. Requester’s Name (please print)______________________________            Telephone _______________________________
Mailing Address ______________________________________________ Fax Number (optional)_____________________________
City, ST ZIP _________________________________________________ e-mail address ________________________________

If you are requesting records about a specific individual, please include the individual’s information.

Individual’s Name ______________________________________________ Individual’s Date of Birth ____________________
(First, MI, Last)                                                                                           
Individual’s Address ____________________________________________ Individual’s Telephone ______________________
City, ST ZIP __________________________________________________

2. Detailed Description of Records Requested - Please be very specific. For example, including case number, time frame of records requested, or the name of the benefit or service involved may help expedite the request.
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

3. Do you want to:   ___Examine the requested records; or   ___Receive a copy of the requested records (fee(s) may be charged).
Do you want the response sent by:   _____ email   ____ mail   _____ fax

The Department will notify you in writing as soon as possible if your request cannot be responded to within three working days. If a fee will be charged, the Department will notify you in writing of the estimated cost and may require prepayment.

4. Requester’s Signature  ______________________________________ Date requested ______________________________

If you are requesting individual-specific information, including yours, your signature must be notarized.

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.

_________________________________________________________ S E A L
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 ________

5. If this request is being made by someone other than the subject of the record, it must be accompanied by either a notarized Authorization for Disclosure form, or verification that the requester is an attorney seeking records about a client.

Send Completed Form by one of the following methods: email: PRR@dhw.idaho.gov;    fax: 208/639-5742
Or mail to: Department of Health and Welfare, Public Records Request, P. O. Box 83720, Boise, Idaho 83720-0036
For questions call: 208/334-5564