iMIND MENTAL HEALTH SOLUTIONS
145 NW Central Park Plaza
Suite 200
Port St. Lucie, FL 34986
(772) 303-1993
10 SE Central Parkway
Suite 100
Stuart, FL 34994
(772) 303-1101

iMind Mental Health Solutions FAQs for Medical Records Requests

Medical Records Request – Disclosure & Fee Information

To help you make an informed decision about requesting your medical records, please review the following important information:

Your Rights

- Under the Health Insurance Portability and Accountability Act (HIPAA), you have the right to request copies of your medical records.
- Requests must be submitted in writing, signed, and include valid authorization.
- You may request that records be sent directly to yourself, another healthcare provider, or a designated third party.

Psychotherapy Notes – Not Included

Per HIPAA regulations, psychotherapy notes are not included in standard medical record releases. These are notes kept separately from the rest of the medical record and used by your therapist to document or analyze the content of sessions.

- Psychotherapy notes are not subject to routine disclosure and require a separate, specific authorization.
- These notes are not the same as your progress notes, treatment summaries, diagnoses, or medication records — which are included in a standard request.

iMind's standard process is to release a summary of your care, not the psychotherapy note. If you request your psychotherapy note to be released a clinical member of the management team will review and either approve or decline your request. You will be informed if your request is denied.

If you are unsure which type of documentation you need, please contact our team for clarification before submitting your request.

Turnaround Time

- Requests are typically processed within 14-30 business days.
- Urgent requests may be accommodated when medically necessary — please indicate this on your form.

Format Options

You may request your records in:
- Electronic format (via secure email, USB, or patient portal download)
- Paper format (printed and mailed or available for pickup)

We will honor your preference when reasonably possible.

Fees

Fees for medical records are based on HIPAA guidelines and Florida law. We charge only what is reasonable and cost-based:

For Electronic Copies:
- Flat fee of up to $6.50 per request

For Paper Copies:
- $25.00 for the first 50 pages then $0.15 per page thereafter
- Postage fees may apply if mailed

Attorney/Third Party HITECH Requests:
- Flat fee of $25.00 per request

You will be notified in advance of any applicable charges before we process your request.

Delivery

Records can be:
- Emailed/faxed securely
- Downloaded via portal
- Picked up in person
- Mailed to the address you provide

*Please note: For security reasons, email requests will be encrypted and may require you to create a password or use a secure link.

Important Reminders

- Requests made by third parties (e.g., attorneys, insurance companies) must include signed HIPAA-compliant authorization from the client or legal representative.
- If you are requesting records for continuity of care, please let us know — we may be able to send them directly to your provider.

If you have questions or need assistance, please contact our team at:

Medical Records Fax: 844-440-1724

Medical Records Email: records@imindmental.com

Questions? Call: 772-497-5985

Thank you for trusting us with your care.

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iMind Mental Health Solution
Authorization for Release of Medical Records

Patient Information (Please Print)

First Name: _____Middle Initial: ____ Last Name_____

Name at Time of Treatment (if different): _____

Date of Birth (MM/DD/YYYY): ___ / ____ / _____

Phone Number: _____ Email (optional): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Records Requested *(Please check all that apply and specify the date range if applicable)*

Record Type	**Date(s) of Service**
☐ Psychotherapy Note(s) *(See restrictions below)	_____
☐ Summary of Care	_____
☐ Biopsychosocial/Treatment Plan	_____
☐ Initial Psychiatric Evaluation	_____
☐ Follow-Up Psychiatric Visit	_____
☐ Discharge Summary	_____
☐ Other (please specify):	_____

*(Patient Initials) _____: iMind Mental Health Solutions standard process is to NOT release psychotherapy notes per federal law. A summary of care is the preferred method for releasing progress in treatment. If you would like to specifically release your psychotherapy notes, this request will be reviewed, and a clinical member of the management team will determine if these notes are eligible for release. Psychotherapy notes are not guaranteed to be released. A clinical team member will contact you if notes are not able to be released.

(Patient Initials) _____: I understand and authorize that the released information may include sensitive content, such as alcohol/drug abuse, psychiatric information, diagnosis codes, HIV testing/results, and AIDS-related information.

Preferred Delivery Method

☐ Paper Copy by Mail

☐ Electronic Copy $6.50 per selection (Fax / USB / CD / Other): _____

Patient Requests (Paper Copies):

- $25.00 flat fee for the first 50 pages; $0.15 per page beyond 50 pages
- Postage fees may apply if mailed

Attorney / Third-Party HITECH Requests:

- $25.00 flat fee per request — regardless of page count

Recipient Information

Send records to:

☐ Myself (the patient) ☐ Personal Representative (details below)

Recipient Name: _____

Recipient Phone: _____ Recipient Fax: _____

Recipient Address: _____

Recipient Email: _____

Patient Authorization

By signing below, I authorize iMind Mental Health Solution to release the medical records specified above to the individual or organization listed. I understand this authorization is voluntary and may be revoked at any time by submitting a written request. Revocation will not apply to records already released. I am also confirming that I am legally authorized (if not the patient) to sign for or on behalf of the patient listed.

Name of Patient/Representative (Print): _____

Relationship to Patient (if applicable): _____

Signature: _____

Date/Time: ____ / _____ _____: _____ AM/PM

Please return the completed form to:

Medical Records Fax: 844-440-1724

Medical Records Email: records@imindmental.com

Questions? Call: 772-497-5985Notice: Email communication is not secure and may be intercepted. If you choose email delivery, you accept this risk.