

GUIDE 12 / PREPARE YOUR EVIDENCE

Medical records quality and privacy checklist

Build a readable evidence set and share it through the correct channel.

What you will leave with: Create an indexed, checked collection that preserves originals and avoids unnecessary disclosure.

Use this guide with current official instructions. Complete worksheets privately; do not send sensitive information through the website.

Define the collection before requesting it

Begin with the purpose: documenting the relevant condition, treatment, current status, and work-related effects for your disability-retirement application. List the practices, dates, and reports needed. Include significant earlier records when they explain onset, progression, or treatment history. Do not use an arbitrary "past year only" cutoff, and do not assume more pages automatically make a stronger or clearer submission.

Identify current gaps separately: a missing specialist assessment, a recent treatment change, a test report mentioned but not attached, or an unsigned statement. Organizing records makes information accessible; it does not diagnose, determine whether a treatment was medically appropriate, or certify retirement eligibility. Keep those distinctions in mind when deciding which questions require a clinician.

Request and track the records

1. Ask each practice's records office for the relevant record types and date range. Confirm its identity-verification and release procedure.
2. Ask about format, expected response, and any permitted charges before requesting duplicate copies. An electronic copy may be easier to search and preserve.
3. Log the request date, requested items, contact, expected follow-up, and received date. Follow up on missing items rather than repeatedly requesting the same complete set.
4. Open the files after receipt and compare them with your request. A portal visit summary may not include the full treatment note or the separately stored test report.

HHS explains that HIPAA generally gives people access to medical records held by covered providers, with exceptions such as separately maintained psychotherapy notes. A practice can explain its process for requesting an amendment if a record contains an error. Do not change the provider's original record yourself or assume every requested amendment must be accepted.

Check readability and identity

- [] The records belong to the correct person; unrelated patient pages are flagged for the practice.
- [] Dates and provider names are legible, pages are upright, and margins are not clipped.
- [] Multipage reports appear complete and in order.

- [] The actual clinical note or report is included, not only a billing entry or appointment reminder.
- [] Statements have the needed signature, date, and contact information.
- [] Password-protected files can be opened by the authorized recipient using the agreed process.
- [] Searchable text has been checked against the scanned image; OCR errors have not been treated as clinical facts.

If a page is unreadable, request a better copy. Do not guess medication doses, dates, or test results from a poor scan. Where a duplicate is removed from a working set, retain the untouched original collection and note the cleanup in the index.

Make an index another person can use

Organize by a consistent method, such as provider and date, then add continuous working page numbers if useful. Keep the original page markings visible. An index can list reference number, date range, provider, document type, and working page range. A factual chronology can point to those references without replacing the source documents.

Your private worksheet

Record reference and file name:

Provider and document type:

Visit or report date and page range:

Why this record is relevant, stated factually:

Missing attachment, unclear entry, or correction request:

Original retained at: Working copy version/date:

Separate originals, working copies, and the final submission set. This prevents accidental edits to source records and makes it easier to answer a later request for a specific report. Do not silently crop out context or remove material to create a misleading impression.

Match the disclosure to the recipient

Before sending anything, verify the recipient's identity, purpose, authorized destination, and requested information. A practice, accommodation office, retirement office, and general business inquiry channel have different functions. Use the designated secure channel and send only what is appropriate for that request, while fully answering official application requirements. A privacy preference does not authorize altering required official forms.

Avoid full Social Security numbers in filenames, optional worksheets, or ordinary email subject lines. Protect devices and accounts, limit shared-folder access, and check recipient permissions before delivery. Keep a record of what was sent, when, and how. The TFDR staging website does not accept medical-record uploads; do not paste medical history into its general contact fields or public tools. Wait for verified secure instructions.

Worked example and submission check

Fictional worked example

Avery receives 240 pages from two practices. The index reveals that an MRI result referenced in a visit note is missing. Avery requests the actual report, keeps the original exports, rotates a working-copy scan, and identifies duplicate pages without deleting source files. Avery sends the final set only through the retirement channel confirmed by HR, saving the confirmation and the exact submitted version.

- [] Relevant history and current clinical information are both available.
- [] SF 3112's current-evidence instruction is considered without discarding older relevant records.
- [] Index references match actual files and page numbers.
- [] Factual errors are flagged to the originating practice.
- [] Recipient and delivery channel are verified.
- [] Current employees confirm ORA steps with HR; former employees follow OPM's ORA instructions.
- [] Submission confirmation and an exact final copy are retained.

Official sources

HHS: Accessing and correcting your medical records · OPM: SF 3112 disability documentation package · OPM: FERS disability eligibility and current application route

Reviewed October 14, 2026. Check current official sources before acting.

TFDR provides independent non-attorney education. These resources are not official forms, legal advice, medical opinions, or individualized tax advice. You prepare and submit your own application. OPM determines eligibility.