Joseph William Korzen
[redacted]

VIA USPS REGISTERED MAIL (Return Receipt Requested)

Virginia Department of Medical Assistance Services (DMAS)
Attn: FOIA Coordinator
600 East Broad Street, Suite 1300
Richmond, VA 23219-2020

Re: Formal Virginia Freedom of Information Act (FOIA) Request
Subject: Records of Department of Human Rights Contact between February 17, 2025 & March 7, 2025
Requestor: Joseph William Korzen, DOB: [redacted]
CICP Case No.: CICP[redacted]

Dear FOIA Coordinator,

Pursuant to the Virginia Freedom of Information Act (Code of Virginia § 2.2-3700 et seq.), I am formally requesting copies of all records related to my contact with the Department of Human Rights while I was hospitalized at Mary Washington Hospital (Snowden behavioral health unit) on February 17, 2025 through March 7, 2025.

This request specifically includes:

1. All log entries, call records, or case notes regarding my contact;
2. Any follow-up communications made to Mary Washington Hospital;
3. Documentation of the staff member who called me during my detention;
4. Official confirmation of the 3-year retention policy for such records.

I was verbally informed during this contact that Department of Human Rights records are retained for a minimum of three years. As this request is made within that preservation period (February 17, 2025 - February 17, 2028), I expect full compliance with Virginia FOIA requirements for production of these records.

I am the subject of these records and require them for an official claim with the federal Countermeasures Injury Compensation Program (CICP Case No. CICP[redacted]). Under Virginia law (§ 2.2-3704.2), this request for personal records should be processed at no cost.

If any fees apply, please provide a written estimate before proceeding. I may appeal any fee or denial determination to the Office of the Attorney General per § 2.2-3707.

Verification of Identity:

- Full name: Joseph William Korzen
- Date of birth: [redacted]
- Home address: [redacted]
- Hospital: Mary Washington Hospital (ER Behavioral Health/Snowden behavioral health unit)
- Date of contact: between February 17, 2025 & March 7, 2025

I respectfully request your written response within the 7 business days required by Virginia law.

Sincerely,
Joseph William Korzen

HANDWRITTEN SIGNATURE REDACTED

HRSA
Health Resources & Services Administration
Health Systems Bureau
Countermeasures Injury Compensation Program
5600 Fishers Lane
Rockville, MD 20857

December 3, 2025

Joseph Korzen
[redacted]

Case Number: CICP[redacted]

Dear Joseph Korzen:

Thank you for submitting a Request for Benefits form to the Countermeasures Injury Compensation Program (CICP). In addition to the form, you are required to submit: 1) records sufficient to demonstrate that you used or were administered a covered countermeasure; 2) records sufficient to demonstrate that you sustained a covered injury; and 3) a copy of each signed Authorization for Health Information Form authorizing the release of records to the Program that you sent to each of your healthcare providers instructing that your records be submitted directly to the Program. 42 C.F.R. §110.51(a).

You must arrange to have your providers submit the following medical records:

> (1) All medical records documenting medical visits, procedures, consultations, and test results that occurred on or after the date of administration or use of the covered countermeasure; and
> (2) All hospital records, including the admission history and physical examination, the discharge summary, all physician subspecialty consultation reports, all physician and nursing progress notes, and all test results that occurred on or after the date of administration or use of the covered countermeasure; and
> (3) All medical records for one year prior to administration or use of the covered countermeasure as necessary to indicate an injured countermeasure recipient's pre-existing medical history.
> (4) Proof of vaccination.

42 C.F.R. §110.50(a).

To date, the CICP has received copies of the signed "Authorization for Use or Disclosure of Health Information" form(s) **but has not received** the necessary medical records from your providers.
Please complete the steps outlined below to ensure that the CICP receives your medical records and the Request for Benefits can be processed and evaluated for CICP medical eligibility.

1. Complete an "Authorization for Use or Disclosure of Health Information" form for each healthcare provider that the requester visited, requesting records from the year prior to the use or administration of the countermeasure to the present. For example, if the requester received the covered countermeasure on January 1, 2021, please request the records for the time period between January 1, 2020, and the present date. If necessary, you can download additional "Authorization for Use or Disclosure of Health Information" forms from the CICP website: https://www.hrsa.gov/cicp/filing-benefits.
2. Submit the completed "Authorization for Use or Disclosure of Health Information" form(s) to requester's healthcare provider(s) so that they can send us the records AND mail a copy of each completed "Authorization for Use or Disclosure of Health Information" form(s) that you submitted to the CICP either online at this link: **cicpsubmit.hrsa.gov**, or to the following address:

   Health Resources and Services Administration
   Countermeasures Injury Compensation Program
   5600 Fishers Lane, 14W-18
   Rockville, MD 20857

If you have questions, please call 1-855-266-2427 or email the CICP at: CICP@HRSA.gov.

Very Respectfully,

Director
Division of Injury Compensation Program