

Client/Legal Guardian - Request for Records Form

Date of request: _____

Clinic Location: _____

Please indicate if you are requesting as: Self Legal Guardian* Non-Custodial Parent**

I, _____, am requesting a copy of the specific mental health information as **initialed** below regarding (name of client) _____, (birth date) _____.

- | | |
|-----------------------|-----------------------------|
| Assessments | Progress Notes |
| Treatment Plans | Diagnosis Information |
| Psychological Reports | Psychiatric Evaluation |
| Discharge Summary | Medication Management Notes |

Therapist assigned: _____

These records are being requested for the following purpose: _____

How would you like to receive the records? Pick Up at Clinic U.S. Mail Fax
Secure Email

Print Name

Relationship to client

Signature: _____

*Parents/legal guardians may be asked to show proof of identity.
**If you are a non-custodial parent to the minor child whose records you are requesting, please provide a copy of the legal document outlining custodial rights.

FOR OFFICE USE ONLY:

Request Received By: _____

Date records released: _____ Staff releasing the records: _____