

**Request for Records**

Client Name:

DOB:

*I request that a copy of my records be submitted to:*

Name of Person or Agency (include Title/Position if applicable)

Relationship of Person to Client

Address and Phone Number of Person or Agency

*I request that my records be limited to the following specific information:*

initial all that apply

1.  All records
2.  Summary of psychosocial and psychiatric history
3.  Diagnosis only
4.  Medical information including results of medical tests
5.  Results of psychological assessment
6.  Educational assessment and behavior reports
7.  Legal status only
8.  Other:

Purpose of records request:

- Personal    Legal    Medical    Disability  
 Other:

*I understand that upon approval from the Clinic Director for the release of records, I will be charged \$0.25 per page copied. I also understand that in the case of an unusually high volume of records, it may take up to 15 days for the request to be fully processed.*

**X**

\_\_\_\_\_ Date:

Client