



Records Request

The purpose of this form is to request a listing of client records for a client. It does not include psychotherapy notes, as those are considered the counselor's notes and do not belong to the client and/or parent/legal guardian and have additional added protection per HIPAA.

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Dates of requests for listing of disclosures you are requesting:

_____ All
_____ From _____ (date) to _____ (date)

I authorize the above request.

If you are a legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.

Relationship of Requesting Party to Client:

Self, Parent, Legal Guardian

Print Name of Requesting Party

Signature of Client Age 16 or Older

Date

Signature of Parent or Legal Guardian
for Clients Under Age 18

Date