Family Behavioral Health

Records Request Form

Request Date:	Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ Fax ☐ Email
Request Needed By:	

Part A: Requestor Information (Your Details)

Last Name:	First Name	M.I.
Address:	Phone Number:	
City: / State:	Zip Code:	Fax/Email (Optional)

Part B: Client Information

Last Name:	First Name:	M.I.
Date of Birth:		

Part C: Records Being Requested

☐ Initial Assessment
☐ Progress Notes
☐ CASII
☐ Mental Statues Examination
☐ Treatment Plans
☐ Safety Plan
☐ Entire Record

Part D: Release To

Full Name (Write "SELF" if same as Part A):	Agency/Office Name (if applicable):
Address:	Phone Number:
City: / State:	Zip Code: / Fax/Email:

Part E: Policy & Authorization

Records requests may take up to 48-72 hours to process if all of the information included in this form is correct. If any of the information in this form is incorrect, it may delay the process. If you would like the records sent via US Mail, it may take longer for the records to arrive and may require an additional fee for postage. By signing this form you confirm that you have the authorization to request these records.

I hereby consent that I have read and understood the above policy.

Signature: _____ Date: _____

For FBH Office Use Only

Disposition: ☐ Delivered ☐ Denied ☐ Unavailable	Disposition Date:

If request is denied or records are unavailable, please explain here. Attach additional pages if necessary.

PLEASE RETURN FORM TO THE FRONT DESK