

# CLIENT REQUEST FOR RECORDS, FORMS, OR LETTER

## Section 1. Client Information

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Client Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date Records/Forms/Letter Needed: \_\_\_\_\_

## Section 2. Request Information

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Information being requested: (please check one)

Copy of Records – Date range: \_\_\_\_\_ to \_\_\_\_\_

Completion of Forms – *Please attach forms to be completed.*

Written Letter – Please specify purpose: \_\_\_\_\_

Request is being made by (please check one)

Self (client)

**Other\***—Name: \_\_\_\_\_ Relation to client: \_\_\_\_\_

*\*If a party other than the client is making the request, or if client is requesting that we send information to another entity, a release **must** be signed by the client in order for request to be processed (if client is an adult.)*

*\*If client is a minor, it is office policy to obtain releases from **both** parents before releasing records.*

Reason for copy (please check one)  At the request of the individual

Other: \_\_\_\_\_

## Section 3. Fee Information

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*For disability forms: \$45*

*For a copy of client's records:*

\$2.00 per page for pages 1-10  
\$1.00 per page for pages 11-20  
\$0.90 per page for pages 21-60  
\$0.50 per page for pages 61 and above

*For a written letter or form:*

\$30 per 15 minutes or portion thereof.  
If letter/forms needed less than one week from date of request, rush fee of \$25 applies.  
\$30 due at time of request.  
(If rush fee applies, \$55 due a time of request.)

I acknowledge that I am responsible for providing payment for the copy of records, forms, or letter that I am requesting.

Client signature (or signature of person financially responsible for client)

Date

## Section 4. Payment Information

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*(If applicable)* Deposit amount: \_\_\_\_\_ Date paid: \_\_\_\_\_

Paid with:  Credit Card  Check (check # \_\_\_\_\_ )  Cash

Payment amount: \_\_\_\_\_ Date paid: \_\_\_\_\_

Paid with:  Credit Card  Check (check # \_\_\_\_\_ )  Cash

## Section 5. Pick up/Delivery Information

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Client will pick up information from PCPC.

Phone number to call when information is ready: \_\_\_\_\_

Client requests that the information be (please check one)

Faxed to the name & number below

Name: \_\_\_\_\_

Fax # \_\_\_\_\_

Mailed to the name & address below

Name: \_\_\_\_\_

Address: \_\_\_\_\_