

CLIENT REQUEST FOR RECORDS, FORMS, OR LETTER

Section 1. Client Information

Client Name & **DOB**: _____ Date of Request: _____

Therapist: _____ Date Records/Forms/Letter Needed: _____

Section 2. Request Information

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

For disability forms: \$45

\$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 at time of request.)

For a copy of client's records:

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

(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

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

Mailed to the name & address below

Name: _____

Name: _____

Fax # _____

Address: _____