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CLIENT RECORD REQUEST FORM

Agency Requesting Records: _____ Date of Request: _____

Client Identifying Data

Full Legal Name: _____ SSN: _____ DOB: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

The purpose of this is to request copies of behavioral health records, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), CFR 42 Part 2, and Department of Health and Human Services regulations. HIPAA also allows you to request a summary of your medical records. If you prefer a summary, you should agree to a fee beforehand.

Is a Release of Information on file authorizing this request? YES NO

Date Range of request from: _____ to: _____

_____ Clinician Written Summary of your records, OR initial the following below:

- | | | |
|--|-----------------------------------|--------------------------------------|
| _____ Mental Health Assessment | _____ Treatment Plan | _____ Statement: including charges |
| _____ Substance Use Assessment* | _____ Treatment Plan Updates | _____ & payment |
| _____ Co-Occurring SUD/MH Assessment* | _____ Discharge Summary | _____ ADIS Certificate of Completion |
| | _____ Substance Screening* | _____ Other: _____ |

**This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.*

I understand I may be charged a fee for copying of the records, but will not be charged for time spent locating the records. First 20 pages are free. Additional charge of .25 per page after the first 20 pages.

Be advised: We have up to 2 weeks to fulfill record requests. Records can be picked up in person, mailed to the address on records, or faxed with appropriate releases of information. A signed release of information must be on record to fulfill this request.

Client/Guardian Signature: _____

Witness Signature of client: _____

Records request not picked up within 30 days will be destroyed