clifford beers
MOVING FORWARD

MEDICAL RECORD RELEASE FORM

Name: _____

Date of Birth: _____

Address: _____

Dear Clifford Beers Guidance Clinic:

The purpose of this letter is to request copies of my medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations.

I would like to access my medical records by (check which apply):

☐ Obtaining a copy of my medical record.

☐ Transmission of my medical record directly to another person or party designated by me.

Name:_____

Address:_____

Contact:_____

I was treated at your facility between **Dates_____ , _____**. I am requesting copies of the following [or all] health records related to my treatment.

Please Identify Information you are requesting:

Documents	YES	Client Initials	Documents	YES	Client Initials
Admission Summary	☐		Neurological Evaluation	☐	
Discharge Summary	☐		Laboratory Data	☐	
Treatment Plan	☐		Educational Evaluations	☐	
90 Day Reviews / Transfer Summaries	☐		School Adjustment	☐	
			Speech/Hearing/Language Evaluations	☐	
Psychological Report	☐		Court/Correction Record	☐	
Psychiatric Evaluation	☐		Other:	☐	
Medical Reports	☐				

[Note: HIPAA also allows you to request a summary of your medical records. If you prefer a summary, you should agree to a fee beforehand.]

I understand you may charge a reasonable fee for copying the records, but will not charge for time spent locating the records. Please mail the requested records to me at the above address. [If you request that the records be mailed, you may also be charged for postage.]*

I look forward to receiving the above records within 30 days as specified under HIPAA. If my request cannot be honored within 30 days, please inform me of this by letter as well as the date I might expect to receive my records*.

Sincerely,

Client Signature: _____ Date:_____

Your Name Printed

*Under HIPAA you can be charged a reasonable fee for copying records. You may also be charged for postage if you ask that records be mailed to you. HIPAA allows 30 days for a provider to respond to your request for records, with one 30-day extension.

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