



RECORD REQUEST FORM

21545 Centre Pointe Parkway, Santa Clarita, CA 91350 • Phone: (661) 259-9439 • FAX: (661) 259-9658
RecordRequests@childfamilycenter.org

Client Name: _____
Last First Middle

Date of Birth: _____ *If the client is 18 years or older, they must submit their own request.*

Primary Phone Number: _____ **Alternate Phone Number:** _____

1. Please select the format you would like the information in:

- Treatment, service, or progress summary (including the information selected below)
- Copies of documents from my record (selected below)

2. Please select the information you are requesting:

- Attendance
- Discharge Summary (goals)
- Psychiatric Assessment
- Assessments/Evaluations
- Financial Information
- Psychological Test
- Client Treatment/Service Plan
- Insurance Information
- Tests/Lab Results
- Diagnosis
- Medications
- Entire record for the following dates of service: _____ to _____.
- Other (be specific): _____

Additional Details about Requested Information: _____

3. I would like the records to be released in the following way:

- Available for pick-up or view at a mutually agreeable time at Child & Family Center
 - Paper copies
 - Electronic media (such as flash drive, CD, etc.)

Faxed to:
 Recipient Name: _____
 Fax Number: _____

Mailed to:
 Recipient Name: _____
 Address: _____

Emailed to:
 Recipient Name: _____
 E-mail Address: _____
(the information will be sent through secure email messaging)

AUTHORIZATION

I understand that any information provided to me pursuant to this request will not include information compiled in reasonable anticipation of (or for use in) a civil, criminal or administrative proceeding or as may otherwise be limited or restricted by applicable law. C&FC will not redisclose third party information (information received from an outside Agency or provider).

I understand that C&FC may deny this request, in whole or in part, under limited circumstances as provided for under federal and California law protecting the privacy of health information. I further understand that, if my

Revised: 5/1/13, 2/20/19, 7/22/20

References:	<ul style="list-style-type: none"> • 45 Code of Federal Regulations § 164.524 – Access of Individuals to Protected Health Information • California Health & Safety Code Section 123100 et seq. – Patient Access to Health Records
-------------	---



RECORD REQUEST FORM

21545 Centre Pointe Parkway, Santa Clarita, CA 91350 • Phone: (661) 259-9439 • FAX: (661) 259-9658
RecordRequests@childfamilycenter.org

request is denied, except as otherwise permitted under applicable law, I have the right to have a denial of my request reviewed by a licensed health care practitioner selected by C&FC who did not participate in the decision to deny my request. C&FC will notify me of its decision to approve or deny my request to access records within five (5) business days. If approved, the Requested Information will be provided to me within fifteen (15) days of receiving this request.

Copies

I understand that C&FC may charge me for making copies of my health information. The associated fees would be .25¢ per page for paper or fax copy. C&FC will inform you if any fees are applicable when you are notified of approval or denial of your request to access records.

Treatment/Service Summaries

I understand that if a summary is requested, I will be able to inspect or obtain a copy of the summary within ten (10) business days from the date of my request. If C&FC needs additional time to prepare the summary because the record is of extraordinary length or because the client was discharged from a licensed health facility within ten (10) days prior to the request, I will be so notified and C&FC may have up to thirty (30) days from the date of my request to make the summary available to me.

Valid Identification

I understand that I must provide a photocopy of valid identification in order to verify my authority to request access to my or my child's records.

After you have completed this form, please return it with a photocopy of valid identification to any staff member or to the Custodian of Records. You may also submit by mail, fax, or email to:

Custodian of Records, Child & Family Center
21545 Centre Pointe Parkway, Santa Clarita, CA 91350
FAX: (661) 259-9658
RecordRequests@childfamilycenter.org

Client Name	Client Signature	Date

Authorized Representative Name	Authorized Representative Signature	Date
Relationship to Client: <input type="checkbox"/> Parent <input type="checkbox"/> Conservator	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Power of Attorney

STAFF ONLY

Name of Staff who Received Request: _____	
Copy of Identification is included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of ID: _____
Copy Provided to Client? <input type="checkbox"/> Yes <input type="checkbox"/> No	