



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.)
- Made available electronically in the Client Portal at: <https://childfamily.exymengage.com>
Note: Access to the portal requires an email and cell phone number. Instructions will be provided.
- 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).

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
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