rosecrance

ROSECRANCE AND AFFILIATES
Request for Access to Inspect or Copy Client Record

☐ Substance Abuse Records ☐ Mental Health Records

Client Name: _____ Today's Date: _____

Client ID: _____ DOB: _____ Phone #: _____ Cell Phone #: _____

Address: _____

Send Information to:
- ☐ Above address
- ☐ Name: _____

Address: _____

I am requesting the following:

☐ I wish to review Client's record as follows (indicate location and time): _____

☐ I am requesting a copy of the following portion of Client's record.
- ☐ Assessment Summary and Recommendations
- ☐ Treatment Plan/Treatment Plan Reviews, Treatment Progress
- ☐ Progress Notes
- ☐ Psychiatric Notes
- ☐ Insurance Coverage / Financial Information

Requested Time Frame: _____
- ☐ Discharge/Transfer Summary, Continuing Care Plan
- ☐ Educational/Academic Information (adolescents)
- ☐ Medical Information/Medication
- ☐ Diagnosis
- ☐ Toxicology Reports/Drug Screens

☐ I would like confirmation of treatment only.

☐ Social Security Request

☐ Secretary of State Treatment Verification

☐ Other: _____

I understand there may be a fee associated for reproduction of the record in accordance with applicable fee schedules. We must receive payment before we can release this information. Please request the applicable fee schedule from a Rosecrance staff member.

I request the record in ☐ paper format or ☐ electronic format (fax/secure website upload).

I understand my request may be granted or denied. In either event, my request will be responded to in 30 days for on-site records or 60 days if the records are off-site, unless I am notified of an extension. I understand that if my request is denied, I am able to request a review of the denial.

_____ _____
Signature Date

**** There must be a valid Authorization for Release/Exchange of Confidential Information on file for the recipient of the information****

For Rosecrance Use Only:

Date Request Received: _____ Request Response Due Date: _____

Confirmation of Client ID/Authorized Party:
☐ Client with ID (photo ID or EHR filed photo) ☐ Next of kin (on attorney letterhead) ☐ Executor letter (on letterhead)
☐ Other: _____

30 day extension enacted: ☐ Yes ☐ No (If yes, new required response date: _____)

Action Taken (check one): ☐ Granted ☐ Denied (if denied state reason below)

Justification of denial:
☐ No proper ID ☐ No signed Authorization for Release ☐ No proper court order/subpoena
☐ Other _____

☐ Fee received: $_____

Staff person releasing record: _____ _____ _____
Print name Signature Date