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RECORDS REQUEST

Client Name & DOB: _____

Therapist: _____

Date of Request: _____ **Format of Records:** _____

Name of Requestor: _____

Phone: _____ **Email:** _____

Copy of front and back of valid Photo ID of Requestor included:

Up to date Release of Information included:

Description of Records Requested:

Requestor Signature: _____ **Date:** _____

Office Use Only:

		Staff Signature
Date Received:		
Copy of ID Valid:		
Date Provided to Requestor:		