

CLIENT REQUEST FOR HEALTH INFORMATION

Client Information. Please **PRINT** legibly. All sections of this form must be completed.

Hktuv'P co g<" _____	Ncu'P co g<" _____	O K& _____
Cff tguu<" _____		
Utggv'Cff tguu"	Ekf'"	Ucvg" \ kr 'Eqf g"
Rj qpg'P wo dgt<" _____	F cvg'qh'Dkt vj <" _____	

What records are you requesting? Check appropriate boxes.

F cvg*+< "qh'Ugt xleg<" _____	aaaaaaaaaaaaaaaaaaaaaa" _____	vj tqwi j" _____	aaaaaaaaaaaaaaaaaaaaaa" _____
<input type="checkbox"/> "Kpvcng'Cuuguuo gpv"	<input type="checkbox"/> "F kfej cti g'Uwo o ct {"	<input type="checkbox"/> "Vtgcvo gpv'Rncp"	<input type="checkbox"/> "Ncd'Tguwmu"
<input type="checkbox"/> "Cuuguuo gpvu"	<input type="checkbox"/> "Rtqi tguu'P qvgu"(limited to individual Case Management/ Therapy/ Dr's notes)"		<input type="checkbox"/> "J K&'Kphq"
<input type="checkbox"/> "F guki pcvgf 'Tgeqtf 'Ugv"(includes above records plus Nurse/ Group/ Administrative progress notes & other items applicable for release)"			
<input type="checkbox"/> "Dkmpj 'Tgeqtf u"	<input type="checkbox"/> "Qvj gt"(please specify)<" _____		

Where would you like this information sent? Check one box.

ReDiscover uj qwf 'r tqxkf g'o { 'tgeqtf u'vq<" _____	"Ugrh'T'Ngi cnI wctf kcp" _____	"F guki pcvgf 'Tgekr kcpv"(specify below)" _____
P co g"t'Qti cph'v'kqp<" _____		
Cff tguu<" _____		
Utggv'Cff tguu"	Ekf'"	Ucvg" \ kr 'Eqf g"
Rj qpg'P wo dgt<" _____	Tgrv'kqpuj kr 'vq'Erkpv" _____	
Is this limited to a one time request? Check one box. <input type="checkbox"/> gu <input type="checkbox"/> 'Pq _____		
Kf'P qa'gzr kt gu'qp'f cvg'f'gxgpv<" _____ (If blank, expires one year after the date signed.)		

How would you like your records delivered? Check one box.

Rcr gt<" _____	"WU'O ckn _____	"Ugrh'Rlenwr "specify ReDiscover location+<" _____
Grgv'qple<" _____	"EF _____	"Go cki'vq<" _____
"Hcz'vq<" _____		

Please sign and print your name below.

_____	" "
Erkpv'T'Ngi cnI wctf kcp'Uki pcwtg'" _____	" F cvg'" _____
_____	" "
Erkpv'T'Ngi cnI wctf kcp'Rtkpvgf 'P co g'" _____	" Kf'qyj gt'vj cp'ugrh'tgrv'kqpuj kr 'vq'Erkpv'" _____

ReDiscover recognizes a client's right under HIPAA to access copies of his / her medical information and/or have their medical information explained to them. There may be charges associated with processing a request and producing copies of requested records.

Please return completed form to: " ReDiscover " Cwp<'J KO .3777'P G'Tleg'Tqcf . "Nggau'Uwo o kv'O Q"862: 8" OR
Email: o gf lecitgeqtf uB tgf kueqxtgo j Qti " OR Fax: "38+776/7773" Questions? " Rrgcug ecm'38+776/772; "

<p>For HIM use only:</p> <p>Date received: _____</p> <p>Initials of Staff Receiving: _____</p> <p>Initials of Staff Completing: _____</p> <p>Approved "Denied" Date: _____</p>	<p>SCANNING STAMP</p>	<p>MR #:" _____</p>
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ReDiscover