



### REQUEST FOR CLIENT ACCESS TO PROTECTED HEALTH INFORMATION

I am requesting access to the protected health information of:

_____	____/____/____	_____
Client Name (please print)	Date of Birth	AMHR CID
_____	_____	_____
		Social Security #

The information to be disclosed includes the following checked documentation:

- Medication History                       Psychiatric/Psychological Evaluations    Care Plans
- Progress Notes                               Intake Assessment                               Discharge Summaries
- Complete Record                               Other \_\_\_\_\_

**Dates include:** From \_\_\_\_\_ To \_\_\_\_\_  All Dates    Last 4 weeks    Last 6 months  
 Last year    Other: \_\_\_\_\_

**The purpose for the Release is:** Disclosure of information directly to the client or legal representative per their request.

I choose the following method of access to my protected health information:

\_\_\_\_\_ **Copies of the record** (There is no charge for the first copy of records in a 12-month period.)

\_\_\_\_\_ **Review the record** onsite at Aurora Mental Health & Recovery. I understand that I must arrange a date and time with my therapist to review the records.

Please indicate how you would like to receive your records:

\_\_\_\_\_ Pick Up in Person    \_\_\_\_\_ Mail    \_\_\_\_\_ Email \_\_\_\_\_

This request will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), or, if left blank, two years from the date of my signature.

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of Legal Representative

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**If you are not the client, please identify your authority to act on the client's behalf by circling one of the following:**

- Parent of Minor     Guardian     GAL     MDPOA
- Personal Representative - Executor of Estate (Documentation Required)

I UNDERSTAND THAT, if access is denied, I have a right to a review by a licensed health care professional who is designated by Aurora Mental Health & Recovery to act as a reviewing official and who did not participate in the original decision to deny access to the record.