

REQUEST FOR RECORDS FORM

Requestor Information

Name of Requestor	On behalf of (Name of Company/Entity)	Relationship to Client
Address (street)		Phone
Address (City, State, Zip)		Fax
Email (Print clearly)		

Client Information

Client Name (First, Middle, Last)	Other Names Used in Treatment	Date of Birth
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Preferred Delivery Method

<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Verbal Only <input type="checkbox"/> Other (specify) _____

Records and Information to be Disclosed or Released

Timeframe to Be Released <input type="checkbox"/> All Dates of Service OR <input type="checkbox"/> Specific Dates: From _____ to _____
<input type="checkbox"/> Complete Medical Record <input type="checkbox"/> Face Sheet/Insurance Info <input type="checkbox"/> Medications <input type="checkbox"/> Labs/Test Results/X-Rays
<input type="checkbox"/> Assessments/Evaluations <input type="checkbox"/> Progress/Continued Care <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Discharge Summary/Notes
<input type="checkbox"/> Records for Insurance Appeals <input type="checkbox"/> Records for Disability/FMLA <input type="checkbox"/> Financial/Billing <input type="checkbox"/> Emergency Contact/Notification
<input type="checkbox"/> Dates of Treatment Letter (also include if marked): <input type="checkbox"/> Discharge Status <input type="checkbox"/> Recommendations/Plan
<input type="checkbox"/> Other (specify): _____

Additional Information Relative to Request

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Signature and Date

<ul style="list-style-type: none"> • Requests not authorized by <u>valid</u> written client consent or court order, both compliant with HIPAA and 42 C.F.R. part 2 will not be processed. • Aware may request copy fees from non-client/client representative requestors before processing the request. • Requests will be processed within 30 days as required under HIPAA, or within timeframes established pursuant to applicable state law, provided the request is authorized as described above and all applicable copy fees are paid. Requests will generally be processed in the order they are received. • Records created and maintained by Aware are protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit the recipient of records from making any further disclosure unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65. • The client has the right to revoke written consent at any time. If consent is revoked, Aware can neither confirm nor deny that the individual for whom records are sought is or was a recipient of Aware services. 	
Signature of Requestor	Date (mm/dd/yyyy)