



# RECORD REQUEST FORM

21545 Centre Pointe Parkway, Santa Clarita, CA 91350 • Phone: (661) 259-9439 • FAX: (661) 259-9658  
RecordRequests@childfamilycenter.org

**Client Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ *If the client is 18 years or older, they must submit their own request.*

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**1. Select the format you would like the information in:**

Treatment, service, or progress summary (including the information selected below)

*Note: A written summary may take up to ten (10) business days to complete.*

Copies of documents from my record (selected below)

*Note: Copies of documents may take up to fifteen (15) business days to be provided.*

**2. Select the information you are requesting:**

- Attendance
- Discharge Summary (goals)
- Psychiatric Assessment
- Assessments/Evaluations
- Financial Information
- Psychological Testing Report
- Client Treatment/Service Plan
- Insurance Information
- Substance use information
- Diagnosis
- Medications
- Tests/Lab Results
- Domestic violence information
- Entire record for the following dates of service: \_\_\_\_\_ to \_\_\_\_\_.
- Other (be specific): \_\_\_\_\_

Additional Details about Requested Information: \_\_\_\_\_

**3. I would like the records to be released in the following way:**

- Available for pick-up or view at Child & Family Center
  - Paper copies
  - Electronic media (such as flash drive, CD, etc.)
- Made available electronically in the Client Portal at: <https://childfamily.exymengage.com>  
*Note: Access to the portal requires an email and cell phone number. Instructions will be provided.*
- Faxed to:  
Recipient Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- Mailed to:  
Recipient Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- Emailed to:  
Recipient Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
*(the information will be sent through secure email messaging)*

**AUTHORIZATION**

I understand that any information provided to me pursuant to this request will not include information compiled in reasonable anticipation of (or for use in) a civil, criminal, or administrative proceeding or as may otherwise be

References:	<ul style="list-style-type: none"> <li>• 45 Code of Federal Regulations § 164.524 – Access of Individuals to Protected Health Information</li> <li>• California Health &amp; Safety Code Section 123100 et seq. – Patient Access to Health Records</li> </ul>
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