



Request for Clinical Records

New Reflections Counseling can't confirm or deny the existence of any records until the authenticity and authority of the request is verified.

CLIENT IDENTIFICATION

| | |
|-------|----------------|
| Name: | Date of Birth: |
| Name: | Date of Birth: |
| Name: | Date of Birth: |

PERSON REQUESTING RECORDS

| | |
|---|----------------|
| Name: | Date of Birth: |
| Relationship to Client: | |
| Purpose of Request: | |
| Are these records needed for a life-threatening emergency? Yes No | |

I am providing written notice to request the records of the person I am assuming is or has been a client of New Reflections Counseling. I have legal rights to the records (attach any proof, if applicable, such as court documents).

I understand the following are estimates of how quickly this request will be fulfilled.

Active (open) Files: Up to 10 business days

Inactive (closed) Files: Up to 15 business days

Files closed for over 7 years might have been destroyed. Files which include people you don't have authorization to view may take up to 15 business days to ensure appropriate information is removed or redacted.

Requestor is invited to verify receipt of request by calling 937-396-7077. Before records are released, requestor must supply proof of identity (such as a driver's license) and complete and sign a release of confidential information.

| | | |
|--------------------------|-----------------------|------|
| Requestor's Printed Name | Requestor's Signature | Date |
| Witness's Printed Name | Witness's Signature | Date |

INTERNAL USE ONLY

| |
|-----------------------------------|
| Date Received: |
| Date Verified: |
| Date Denied (include reason): |
| Date Fulfilled: |
| Description of what was released: |