



# 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:
-------	----------------

## PERSON REQUESTING RECORDS

Name:	Date of Birth:
Relationship to Client:	
Purpose of Request:	

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 Files: Up to 5 business days
- Files closed 6 years ago (or less): Up to 8 business days
- Files closed 10 years ago (or less): Up to 10 business days
- Files closed 10 years ago (or more): Up to 10 business days (files may already be destroyed)

Requestor is invited to verify receipt of request by calling 937-396-7077. Upon verification, requestor must supply proof of identity (such as a driver's license) and complete and sign a release of confidential information. Optionally, the release can be submitted at the same time as this request.

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: