DAVID LAWRENCE CENTERS FOR BEHAVIORAL HEALTH®

INFORMATION FOR OBTAINING YOUR CLINICAL RECORDS

- Release of clinical records may be requested by filling out an **Authorization to Release Information Form.** It is important that the authorized individual initial all the appropriate sections on the form including diagnosis and services to be released.

- In addition, complete the **Release of Information Questionnaire.** Please include your name, date of birth, phone number, reason for your request and specify the type of records that you are requesting.

- The **Authorization to Release of Information** form is available for completion online at **davidlawrencecenter.org** or you may complete a release at any Center location.

- The entire release of information form must be completed, signed, dated, and witnessed. Please do not forget to include the questionnaire. Completed forms may be dropped off at any center location or faxed to the Clinical Records Department.
  Phone: 239-354-1403 Fax: 239-354-1458

- A minimum of **14-30 business days** is required to process all records requests. Once records are prepared, the Clinical Records department will be in contact to arrange for payment and distribution of records. Records may be faxed, mailed, or emailed using a password.

- The cost of producing records is $1.00 per page. Payment is required prior to the release of records. Payment can be made by cash or credit card (Debit, Visa or Mastercard). We are unable to accept American Express.

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RELEASE OF INFORMATION QUESTIONNAIRE

Your Name: _____ Phone Number: _____

Information on Individual whose records you are requesting:
Client Name: _____
DOB: _____
Your relationship to client: ☐ Self ☐ Spouse ☐ Parent/Legal Guardian (Note: Appropriate court/legal documents are required prior to release of records.) ☐ Other: _____

Check all that apply:
☐I would like records password protected and emailed to me:
Email address: _____
☐I would like records to be faxed:
Fax Number: _____
☐I would like records to be mailed:
Mailing Address: _____

What would you like released?

☐Clinical Assessment	☐ Psychiatric Evaluation	☐ Medication Management Notes
☐Discharge Summary	☐ Treatment Plan	☐ Medication List
☐ Lab results	☐ Forms/Letters	☐ Outside Referral Update

☐Specify date range for records: _____

If you are being treated for a substance abuse related condition, please be sure to initial the "Alcohol/Drug or Other Substance Related Information" on the Release of Information.

Please briefly explain why you are requesting clinical records:

_____

_____

Processing of records requires **14-30 business days.** You will be notified when your records are ready.

The cost of producing records is $1.00 per page. Forms/Letters is $30.00. Payment is required prior to the release of records. Payment for records can only be made by cash or by credit card (Debit, Visa or Mastercard). We are unable to accept American Express.