

REQUEST FOR INDIVIDUAL RECORDS

Please put a check by the record(s) that is being requested to be released. Place your initials beside the check and then sign and date at the bottom.

____ Mental Health Assessment

____ Substance Abuse Assessment

____ DUI Assessment

____ Treatment Plan

____ Progress Notes

Please indicate which dates:

____ Screenings

Please indicate for which Diagnosis:

____ Termination

____ Compliance for DUI

____ IEP Paperwork

Signature

Date

Please Mail request to **The Family Healing Center, Inc * The Blair Building * 241 East Main Street * Morehead, KY 40351**

- Please notice that records will be sent by request as soon as possible-but no later than five days. You must have authority to receive these records or you will not be granted permission to obtain any personal form or record.
- Third parties who are requesting information must have a Release of Information signed by the client or guardian of the client. A meeting will be set with the client and therapist to discuss the releasing of any records.