

Stephanie A. Richards, LPC-S, Registered Play Therapist Supervisor  
16607 Blanco Road Suite 1404  
San Antonio, TX 78232  
Office: (210) 606-1934 Fax: (855) 462-9865

REQUEST FOR CLINICAL DOCUMENTATION AND TREATMENT RECORDS

This form is to be completed and signed as a formal and written request for the release of clinical documentation and treatment records. This request form provides information to the counselor about the specific nature of the request that allows the counselor to appropriately and safely release sensitive client information. Please complete all areas below:

Re: Requested Records for \_\_\_\_\_ (Client's Name and D.O.B.)

Date of records request: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

(Requestor must be the person signing this form and be properly authorized to request records, otherwise this request will be denied)

To whom are the client's records designated to disclose to: \_\_\_\_\_

Please explain the purpose for the Request for Clinical Documentation and Treatment Records: \_\_\_\_\_

\_\_\_\_\_

Please provide the specific information or part of the client's records that is needed: \_\_\_\_\_

\_\_\_\_\_

Please specifically state what information from the records does the client request not to be released: \_\_\_\_\_

\_\_\_\_\_

What, if any, threat may be posed to the client if the abovementioned information or records are released: \_\_\_\_\_

\_\_\_\_\_

Stephanie A. Richards, LPC-S's policies regarding requests for Clinical Documentation and Treatment Records are listed below:

Stephanie A. Richards, LPC-S does not provide counseling nor release records or information for legal purposes or personal situations that could lead to legal cases (i.e., divorce, custody determinations, termination of parental rights, adoption, guardianship, or disability cases), for the purpose of evaluations or expert testimony, and must be deemed therapeutically appropriate to disclose on behalf of the client.

Stephanie A. Richards, LPC-S shall furnish records within 15 days after the date of the receipt of this request and fee of \$\_\_\_\_\_ for furnishing the records (which includes an estimated postage fee of \$15, in the event that these records will be mailed).

Stephanie A. Richards, LPC-S's fees for Request for Clinical Documentation, Treatment Records, Reports, Summaries of Treatment, or Letters by and to clients are: \$25 for first twenty pages and \$0.50 per page thereafter, plus any reasonably estimated postage fees required to expedite documentation requested.

Stephanie A. Richards, LPC-S requires a proper Authorization for Release of Information signed and dated by the client, parent/legal guardian(s) or personal representative, which identifies the records to be disclosed and the person or entity to who the records are to be disclosed, to accompany any request for records.

Stephanie A. Richards, LPC-S is required to redact out information in the client's records regarding a person who is not the client to protect the third person's privacy and confidentiality and privilege of the person's information, unless consent from the third person has been obtained.

Stephanie A. Richards, LPC-S allows client or other person authorized to consent to the release of records to withdraw the consent to release information at any time by providing written notification that the authorization is revoked. Please know that Stephanie A. Richards, LPC-S will be unable to retract any release of records or information that was made in good faith, prior to obtaining written notice that the authorization was revoked.

**Acknowledgment and Consent to Request Clinical Information and Treatment Records**

By signing below, I, the requestor, acknowledge that I have been informed of and agree to abide by Stephanie A. Richards, LPC-S's policies regarding the Request for Clinical Documentation and Treatment Records and agree to request such information, as outlined above.

-----  
**Requestor Signature**

-----  
**Date**

-----  
**Stephanie A. Richards, LPC-S**

-----  
**Date**