



### REQUEST FOR RECORDS

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I request mental health treatment records for the above named client, as follows;  
beginning date: \_\_\_\_\_ through ending date: \_\_\_\_\_.

Mail to:      Name: \_\_\_\_\_  
                    Company / Business Name: \_\_\_\_\_  
                    Street Address: \_\_\_\_\_  
                    City/State/Zip Code: \_\_\_\_\_

**OR**

I will pick up the records at the office when notified that documents are ready for pickup.

I agree:

- I have a legal right to request these records, either as a client myself, or as the parent or legal guardian of a minor child being treated by Susan Ruby, MA, LMHC.
- I am responsible for paying the cost of printing and mailing (where applicable) medical records prior to their delivery. Requests for records that are received without payment will be delayed until payment has been received in full. Payment methods include: Mastercard, Visa, money orders, checks or cash.
- There is a minimum charge of \$5.00 for this service to cover copies, printing and mailing costs, where applicable. Additional fees of .20 per page will be assessed for each page in excess of 10 pages. I have discussed the fee for this service with Susan Ruby and verified the amount due.
- Requests for records take 7-10 business days to process after receipt of payment. If mail delivery is requested, Susan Ruby, MA, LMHC, cannot be held liable for the length of time spent in delivery by the U.S. Postal Service. Expedited delivery via FedEx or UPS is not a service offered by Susan Ruby, MA, LMHC.
- In accordance with HIPAA regulations, Susan Ruby, MA, LMHC, may not reproduce or distribute copies of records written by other professionals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client:       Client       Parent of Client       Legal Guardian of Client

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**FOR OFFICE USE ONLY**

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Date Request Received: \_\_\_\_\_ Date Request Completed: \_\_\_\_\_