Susan Ruby, MA, LMHC, PLLC
10500 Beardslee Blvd, No. 1881, Bothell WA 98041 ▪ (206) 915-9876 ▪ www.susanruby.com ▪ (f) (425) 286-6116

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: _____

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 treated by Susan Ruby, MA, LMHC, PLLC.
- I am responsible for paying the cost of printing and mailing 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 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. Susan Ruby, MA, LMHC, PLLC 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, PLLC
- In accordance with HIPAA regulations, Susan Ruby, MA, LMHC, PLLC 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

Date Request Received: _____ Date Request Completed: _____