Ponderosa Counseling Center
19753 Pikes Peak Ave.
Parker, CO 80138
Phone: (720) 542-3487 Fax: (720) 542-3566

REQUEST FOR CLIENT ACCESS TO PROTECTED HEALTH INFORMATION

I am requesting access to the protected health information of:

_____ _____ ___/___/___
Patient Name (please print) Social Security Number Date of Birth

The information to be disclosed includes the following **checked** documentation:

____ Medication History ____ Psychiatric/Psychological Evaluation ____ Progress Notes
____ Treatment Plans ____ Lab Studies ____ Discharge Notes
____ Complete Record

Dates include: ____ Last 6 months ____ Last year ____ All Dates ____ Other: From _____To_____

The purpose of the release is disclosure of information directly to the client or legal representative per their request.

I choose the following method of access to my protected health information:
____ **Copies of the Record** (There is a $25 Flat Fee; $1 per faxed page or copies up to $50)
____ **Written Summary of the Record** (I understand there will be a $25 Flat Fee for a written summary of my record.)

This request will expire on _____ (date,) or, if left blank, two years from the date of my signature.

_____ _____
Signature of Client or Legal Representative Date
_____ _____
Please print name of Client or Legal Representative Phone
_____ _____
Street Address City, State, Zip Code

If you are not the client, please identify your authority to act on the client's behalf by circling one of the following:

Parent of Minor/ Guardian/ Custodian/ GAL/ CASA/ MDPOA/ Personal Representative of Estate

I UNDERSTAND THAT, access to my records may be denied to preserve the therapeutic relationship of the provider and client. The provider ethically must determine if it is beneficial for the client to have access to their whole records, a summary of the records, or not at all.

For Ponderosa Use Only

Request Granted: ____ Provider Signature: _____ Date: _____

Request Denied: ____ Date **Notice of Denial** mailed to Requestor: _____

Records Copied by (please initial): _____ Number of pages: _____ Date copied: _____

Records sent (date): _____ via Mail Fax Picked Up