

Deborah L. Smith, Ed.M. / LMHC

Request for Copies of My Health Care Information

Client Name: _____ DOB: _____

SSN: _____

I request that the above indicated provider furnish me with a copy of my health care information, which is being maintained in a chart at Deborah L. Smith Counseling. I've indicated below what information I'd like copied.

(Initial next to all that apply):

_____ Summary of Treatment

_____ Laboratory Reports

_____ Progress/Notes

_____ Medication History

_____ Testing/Assessments

_____ Psychiatric Evaluation/Psychosocial

My Rights

- I understand there may be charges associated with my request for records. Such charges shall not exceed the amount allowable under WAC 246-08-400, currently a \$15.00 admin fee, plus \$0.65 per page for the first 30 pages, and \$0.50 per page for each page thereafter.
- Any minor child thirteen (13) years or older has the same rights as an adult to voluntarily seek treatment and must give written consent for records to be released to others, **including parents**. Therefore, **minor clients must sign authorization for us to release that client information within the statutes of the law.**
- I understand that Deborah L. Smith Counseling processes requests for copies as quickly as possible, however, it can take up to 14 business days to process the request.

Patient or legally authorized individual signature

Date

Time

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian, etc.)

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