

CORNERSTONEVISION COUNSELING

Client Records Management Request

Request For: _____ DOB: _____ SS#: _____
Please Print Name

Records Review: You were initially given a "Notice of Privacy Practices" which indicated: You have the right to review your clinical record for as long as the CVC maintains the MHI. Your chart/the clinical record will usually include both treatment and limited billing records. To inspect your MHI, you must send a written request to our clinical director at the address listed below using the Client Records Management Request form. This form is available at any CVC site. It is necessary to use this form to process your request. Records would be reviewed with you by the therapist and/or clinical director at the same fee as your counseling appointments. Insurance cannot be billed for these services. Supervision will be scheduled as rapidly as possible according to staff availability. CVC will charge you a fee for the cost of copying, mailing, or other supplies that are necessary to grant your request (for example: when sending your records to another caregiver or for court-related services). The therapist may deny your request to inspect the copy before it is mailed to your requested provider in certain limited circumstances. If you are denied access to MHI about you or someone under your guardianship, your therapist will provide you with a written explanation. If denied access, you may request that the denial be reviewed by the clinical director.

Amendments to Records:
If you feel that the MHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the MHI. To request an amendment, you must send a written request to the clinical director at the address listed below. This form, Client Records Management Request, is available at any CVC site. You must use this form to ensure we receive adequate information to process your request. In addition, you must include a reason to support your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement or disagreement with the decision, and we may give you a rebuttal to your statement. This statement, and possible rebuttal, will be added to your MHI.

Please check only the specific service you are requesting. Payment is required prior to services being rendered.

A.) _____ I am requesting that a copy of my mental health records to be sent to
I understand that CVC follows the legislation that has been passed regarding the fees for mailing records. I understand that CVC will charge \$1 per page for the first 10 pages. Anything over 10 pages will be a flat \$20 charge, regardless of the number of pages. As all documents are sent certified mail, an additional \$10 will be charged for postage. Any request for copies to be sent out within two working days will include an additional \$10 charge. Note: The Clinical Director will need to sign for A if your therapist is unavailable or no longer with CVC.

Print Name _____

Address _____

City/State/Zip _____

B.) _____ I wish to have my chart records reviewed. I understand this may require a supervised setting with my therapist, similar to a treatment session which I would be obligated to pay for at the time of service. If I wish the clinical director to witness this meeting, I would be responsible to pay for both providers' fees.

C.) _____ I wish to have my chart record amended. _____ Content added _____ Content removed
Please explain in detail the information you wish deleted or added and why on a separate sheet of paper. A fee will be assessed for the time it takes to make any requested amendments

Client/Guardian Signature

Date

Treating Therapist Signature (A, B, & C)

Date

Clinical Director Signature (B & C)

Date