

Please send completed request form to  
*recordsrequests@cfssinc.com*

**Individual's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Party Requesting Records:** \_\_\_\_\_ **Relationship to Individual:** \_\_\_\_\_

**Contact information should we have questions regarding this request:** \_\_\_\_\_

**Legal Guardian (if different):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

As you identify the records you are requesting, please keep in mind that requesting Progress Notes often involves an extremely large amount of documentation. Assessments or CFT Notes may be helpful in giving an overview of the details captured in Progress Notes. If you feel that Progress Notes would be the most helpful, limiting your time frame can help consolidate the amount of information received.

<p><b>Records Being Requested:</b></p> <p><input type="checkbox"/> Behavioral Health Assessments      <input type="checkbox"/> Progress Notes</p> <p><input type="checkbox"/> Behavioral Health Service Plans      <input type="checkbox"/> Psychiatric Documents</p> <p><input type="checkbox"/> CALOCUS      <input type="checkbox"/> Psychological Evaluation</p> <p><input type="checkbox"/> CFT Notes      <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Crisis/Safety Plans</p>	<p><b>Time Frame of Records Being Requested:</b></p> <p><input type="checkbox"/> Most Recent</p> <p><input type="checkbox"/> Last 90 Days</p> <p><input type="checkbox"/> Last Year</p> <p><input type="checkbox"/> Dates of Records: _____ to _____</p>
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**Purpose or reason for request:** \_\_\_\_\_

**Email or fax number you would like records sent to:** \_\_\_\_\_

Upon receipt of a written request, CFSS will fulfill the request within 30 days in most circumstances. If documents are needed by a certain date, indicate the date below. We will do our best to meet the requested timeline, but it cannot be guaranteed: \_\_\_\_\_

I understand I may receive one electronic copy of the clinical record at no cost each year. CFSS may charge a fee for the cost of copying, mailing, or other supplies associated with any additional copies requested during the same year.

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*CFSS will require a new *Request to Obtain Records Form* to be completed each time records are needed. CFSS is unable to grant ongoing or future requests for documentation.\*\*\*