Behavioral Health Department

REQUEST FOR ACCESS TO CLINICAL RECORDS

Client Name: _____ Case No. _____

DOB: _____

I hereby request access to the clinical record of the person named above. I hereby waive Tuolumne County Behavioral Health Department, its staff or any of its agents on behalf of myself or my heirs, executors, wards, conservatees, or otherwise from all present and future liability for any physical and/or emotional distress sustained because of my review of the record of service. I request this access as the (check one)

[ ] Client
[ ] Parent of the minor consumer
[ ] Guardian of the minor consumer
[ ] Conservator of the consumer
[ ] Designated mental health professional (Health and Safety Code 25250 et seq. AB610)

I am entitled to one free copy of my records in any 12-month period, however, understand additional records requests will cost $0.25 per page and accept this fee. Initials_____

VERIFICATION OF YOUR IDENTITY MUST BE PROVIDED UPON REQUEST, ALONG WITH ANY LETTERS OF CONSERVATORSHIP, A COURT ORDER, OR OTHER DOCUMENT (S) VERIFYING YOU AS A LEGAL REPRESENTATIVE OF THE CONSUMER WHOSE INFORMATION YOU ARE REQUESTING.

The type of access requested is (check one)

[ ] Inspection of the record only
[ ] Copies of the record as follows

I request access to (check one)

[ ] The entire record
[ ] The following portions of the record (specify)

_____

_____

_____

If the identity of the person (consumer or legal representative) requesting access to the information is not known by the person granting release, the following information was obtained as verification of identity (attach copies):

_____ _____

Signature Date

_____ _____

Witness Date

_____ _____

LPHA approving release Date

Copies: Clinical record, individual viewing record, signatory (if different than viewer)

Behavioral Health Administration: 2 So Green Street Sonora, CA 95370 Phone: 209/533-6245 Fax: 209/588-9563
Mono Way Clinic: 2 So. Green Street, CA 95370 209/ 588-9528 Fax 209/533-5411
Cabezut Clinic: 2 So. Green Street, CA 95370 209/533-3553 Fax 209/536-9356