Heartsong Counseling
316 W Boone Ave, Suite 850
Spokane, WA

RECORDS REQUEST FORM FOR HEARTSONG COUNSELING

Records Requests for Washington State

Under Washington State law (RCW 70.02.080), clients have the right to request copies of their own health care records. Record requests must be made in writing, and it must specify which parts of the records are to be released. Once the request is received, the clinician is legally required to respond within 15 business days, and has up to 21 business days to finalize the request. In some cases, the clinician may offer to provide a summary of services instead of the full records, and the client can choose to accept or decline this summary.

There are certain situations in which clinicians may lawfully deny a request for records, including but not limited to, if the releasing the records could be harmful to the health of the client or if disclosure could cause harm to another person.

If a request for records is denied, the client has the right to designate another licensed or otherwise authorized provider in Washington State, who can provide treatment for the same condition, for the records to be released to. This designated individual will then receive copies of the specified records and make the final decision on whether those records may be released to the client.

Licensed Mental Health Counselors are required by Washington State law to keep treatment records for a minimum of five years following the last visit. If a written records request is received, clinicians are required to retain them for an additional 12 months after fulfilling the request.

Client Information

Legal First Name of Client: _____

Legal Last Name of Client: _____

Client's Date of Birth: _____

Contact Information

Physical Mailing Address of Client: _____

E-Mail Address of Client: _____

Phone Number of Client: _____

Client Status

☐ I am a current client of Heartsong Counseling

☐ I am a former client of Heartsong Counseling *(please give the approximate date last visit):* _____

☐ I am requesting records on behalf of the client. A valid Release of Information is on file authorizing disclosure to me. My relationship to the client is as follows: _____

Records Request

Would you accept a Summary of Services Letter instead of specific records? *Please select one of the following:*

- ☐ Yes, I will accept a Summary of Services Letter instead of receiving specific records
- ☐ No, I decline a Summary of Services Letter and am requesting the specified records instead

What records are you requesting? *Please select all that apply:*

- ☐ I will accept a Summary of Services Letter instead of specified records
- ☐ Discharge Summary *(please specify for which date of service)*: _____
- ☐ Evaluations and Assessments *(please specify)*: _____
- ☐ Intake Assessment *(please specify for which date of service)*: _____
- ☐ Progress Notes *(please specify for which date of service)*: _____
- ☐ Treatment Plan and Diagnoses *(please specify if requesting the most recent treatment plan or treatment plans from specific dates of services)*: _____
- ☐ Other *(please specify)*: _____

What is the purpose of your records request? *Please select all that apply:*

- ☐ Personal Review
- ☐ Legal and Litigation *(please provide more information)*: _____
- ☐ Peer Review *(please provide more information)*: _____
- ☐ Administrative Purposes *(please provide more information)*: _____
- ☐ Other *(please provide more information)*: _____

What method are you requesting records to be delivered? *Please select one of the following:*

- ☐ Secure client portal. *Please note this option is only available to clients still actively in treatment at Heartsong Counseling.*
- ☐ Physical copy to be picked up in person from the Heartsong Counseling Office. *Please note that this option requires a scheduled pick-up time within business hours. If selecting this method, you will be contacted with scheduling options.*
- ☐ Fax to the following number: _____
- ☐ Physical copy sent by mail to the following address: _____

_____

Signature Page

- I understand that if I am requesting records on behalf of a client, Heartsong Counseling must have a current and valid Release of Information form on file. The form must be completed and signed by the client and authorize the release of records to me or my organization. I understand that records cannot be released without the client's written authorization, unless disclosure is otherwise permitted or required by law.
- I understand that Heartsong Counseling has up to 15 business days to respond to my written request for records, and up to 21 business days to finalize the request. I also understand that Heartsong Counseling's business days are Tuesday through Friday, and that recognized holidays may impact the calculation of business days and the associated response timelines.
- I understand that Heartsong Counseling may offer a Summary of Services Letter as an alternative to providing the specific records I have requested. I understand that I have the right to accept or decline this alternative. I further understand that acceptance of a Summary of Services Letter will satisfy my records request and will replace the requested records.
- I understand that Heartsong Counseling may, as permitted by law, deny the request for records. In the event of such a denial, I understand that the identified client may designate a licensed or otherwise authorized provider in Washington State who provides treatment for the same condition to receive the requested records on my behalf. I further understand that it is the client's responsibility to select and designate the provider to whom the records will be released.
- I understand that Heartsong Counseling retains medical records for five (5) years from the client's last visit. I further understand that a written request for records will require records to be retained for an additional twelve (12) months after the request has been fulfilled.
- I understand that some methods of receiving records are more secure than others. I understand that receiving records through the Client Portal or via in-person pickup are among the most secure options. I further understand and agree that if I request records to be sent by mail or fax, Heartsong Counseling will send them to the contact information provided on this form, but cannot guarantee the confidentiality of records once they have been transmitted.

Today's Date _____

Printed Name _____

Signature _____

You may submit the completed form in one of the following ways:

- Email to kendall@heartsongcounseling.com
- Fax to 855-595-1010
- Mail to: Heartsong Counseling
  316 W Boone Ave, Suite 850
  Spokane WA, 99201