



**Medical Record Request**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Previous Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date(s) of Service or Date Range:** \_\_\_\_\_

**Information Requested (please check appropriate boxes below):**

- Summary of Clinical Treatment, Intake/discharge dates, Diagnosis, sessions attended, recommendations.
- Diagnostic Evaluation
- All signed paperwork (intake forms, releases of information)
- Treatment plans
- Psychiatric evaluation, medication management
- Psychological Testing/assessments
- Educational records
- Complete record (includes all above and if applicable session notes, behavioral health treatment plans and notes, and consents)

**Additionally, I authorize disclosure of the following:**

- Alcohol, Drug, or Substance Abuse treatment records
- Genetic testing information
- Reproductive Health information
- HIV testing, status or results

**Format requested:**

- Paper copy (fees apply)
- Electronic copy shared through secure portal\* Email address: \_\_\_\_\_

**Requested Delivery:**

- USPS mail (fees apply)
- In person pick up
- Secure portal electronic delivery \*

\*Health information transmitted via unencrypted email is not secure. CT Kids Matter/Bedrock Wellness utilizes a secure portal to share sensitive health information in an effort to minimize risks. I understand and accept that there are risks associated with transmitting my health information using electronic formats, including access by an unintended third party. CT Kids Matter/Bedrock Wellness is further not responsible for unauthorized access of my health information while in transit or safeguarding information once delivered.

**I understand that record requests may take up to 30 days.**

**Disclosure to Third Parties:** If this disclosure contains information related to HIV, Behavioral health, alcohol, drug and/or substance abuse treatment, the following shall apply: This information has been disclosed to you from records whose confidentiality is protected by law. Federal regulations (Title 42 CFR Part 2) and Connecticut General Statutes (Ch 368x) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**Signature of Parent/Guardian or OTHER**

\_\_\_\_\_  
**PRINTED NAME**

- Signed by another professional/provider - release of information attached.