



Record Request

Date of Request: _____

Client Name: _____ Client DOB: _____

Person Requesting: _____ Phone: _____

Agency: _____ Email: _____

Reason for Request: _____

Information Requested:

<input type="checkbox"/> Treatment Plan(s)	<input type="checkbox"/> Monthly Reports
<input type="checkbox"/> Mental Health Assessment	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Other: _____	

Records to be provided to:

Name: _____ Agency: _____

Address: _____

Phone number: _____

Fax Number: _____

Email Address: _____

**** Records will not be released to a third party without a current, HIPAA compliant Release of Information authorization, along with the legal paperwork to support the authorizing signature.**

Release On File Release Attached

Families Connect Inc. (FCI) will send/provide Electronic Health Information (EHI) in a secure manner, however if the client or the client's personal representative who has been granted the authority to make healthcare decisions asks FCI to send EHI to an unsecure destination/device then FCI cannot be held liable for third party release or redisclosure.

Please email the completed form to referral@familiesconnectinc.org or fax to (813) 830-7402 Attn: Records

Telephone Number (813) 295-8383
Fax Number for Records Requests (813) 830-7402
www.familiesconnectinc.org