



HISPANIC FAMILY COUNSELING, INC.
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RECORD #

Request of Document for (Client Name): _____

I, _____ (name of Client or Parent/
Guardian) have requested a copy of the _____ (name
of document) to be facilitated to me.

I acknowledge that I have been informed by Hispanic Family Counseling, Inc. that HIPPA protects client's health information and confidentiality. I understand that once information is disclosed and released per my request it may no longer be protected by federal or state law. I further acknowledge that Hispanic Family Counseling, Inc. will not be held responsible or liable for how the disclosed information is utilized once I receive a copy of the requested document.

Name of Client or Parent/Guardian

Signature of Client or Parent/Guardian

Date