



CLINICAL SERVICES RELEASE OF INFORMATION APPLICATION

SECTION 1: REQUESTER INFORMATION

Name:		Institutional Affiliation:	
Street Address:		City:	
State:		Phone:	

Relationship to Client:

- Parent/Legal Guardian
 Individual with Power of Attorney authorization
 Individual with signed release authorization
 Other: _____

Please attach a copy of the signed release authorization or Power of Attorney document, if applicable. If a signed release has been filed, please attach it.

SECTION 2: CLIENT INFORMATION

Client ID #:		Guardian Initials:	
Street Address:		City:	
State:		Phone:	

If the Client ID number is unknown, it may be requested and provided by the Program Director(s) of the program(s) in which the client received service.

SECTION 3: RECORDS REQUESTED

Please specify which records you would like to request. Select all that apply:

- Complete Treatment History Timeline
 Treatment Plans
 Billing History and Insurance Authorizations
 Diagnoses and Assessments
 Other: _____

- Dates: For services between _____ and _____ or All services administered
 Provider(s): For services administered by _____ or All clinical service providers
 Insurance(s): For services billed to _____ or All insurance funders

- Urgent priority: you will be contacted the same business day we have received the request and advised of an expedited delivery date.
 Normal priority: you will be contacted within 2 (two) business days to be advised of application status and expected delivery date.

SECTION 4: METHOD OF DOCUMENT DELIVERY

Please select your preferred method for receiving the requested records:

- Physical copy for in-person pickup at our office
- Certified postal mail (signature upon delivery required)
- Secure link for digital download
- Fax (Inbound Only)

Date/Time: _____
Name/Address: _____
Email Address: _____
(413) 301-8205

Digital request: Rise cannot send unencrypted records through email. Digital data delivery requests will be completed via secure link sent to the email address provided above. Upon approval of this application, a Rise representative will contact the requester via phone to verbally relate the password needed to unlock the records. Secure links will expire after 3 business days, after which time a new request must be filed.

In person pick-up: The individual authorized on this application is the only party to whom the records shall be released. Other individuals picking up the records on behalf of the authorizer who are not specifically authorized will not be accommodated. Records can be picked up on Monday through Friday from 9:00am until 5:00pm. Where applicable, a pickup time will be coordinated by a Rise representative when responding to this request.

Certified mail: The records will require a signature upon delivery. The signature and delivery confirmation will be preserved as part of the client's permanent file, a copy of which can be produced upon request.

Fax: The records can be faxed to us but must follow strict guidelines including a cover page that clearly indicates that the fax contains confidential health information and is intended for a specific recipient.

Note: The client's parent or legal guardian will be notified if this request is made by anyone other than themselves and may request a copy of any documents produced, including the option for any redactions to be omitted as permitted by the legal parameters of the request.

SECTION 5: REDACTION OF INFORMATION (FOR GUARDIANS, POWER OF ATTORNEY, OR LEGAL ENTITIES)

Optional. Please list any data to be redacted. Information requested will be narrowly construed unless the requester is the client's legal parent/guardian or holds Power of Attorney privilege granted by the guardian.

SECTION 6: AUTHORIZATION

By signing below, you affirm that the information provided is complete and accurate. You further acknowledge that the information requested will be delivered and used in accordance with HIPAA regulations and that the client's parent or legal guardian will be notified of this request, and may optionally request an exact copy of the released information with or without redactions, at their discretion.

Signature: _____ Date: _____