



FLORIDA
PSYCHOLOGICAL

MEDICAL RECORDS REQUEST FORM

Date: _____

Client Name: _____

Address: _____ Phone#: _____

Date of Birth: _____ Email Address: _____

Purpose of Request (ex: Self, Provider, Moving, Legal, etc.): _____

Records Requested: () Biopsychosocial () Evaluation () Treatment Plan ()
Discharge Summary () Med. Mgt. Progress Note () Other _____

Signature: _____
(Patient/Parent/Legal Guardian/Representative) (Relationship to Patient)

(Note: If records are for personal use only, they will be reviewed by a physician or clinician before being released, which could take up to 15 days. Medical Records has 30 days to process a records request for the Yulee location and up to 60 days for records located at an off-site location.)

The process of copying and providing the requested documentation must be coordinated through the Medical Records department. The Medical Records department has thirty (30) days from the date of receipt of the written request to forward them to the requestor.

The Client/Parent/Legal Guardian-Representative requesting the records will be charged \$1.00 per page, payable in advance of releasing protected health information.

Per Florida Statute 394.4615, clients shall have reasonable access to their Medical Records unless such access determined by the client's physician to be harmful to the client.

Please email this form to Customerservice@Floridapsy.com

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