

CASA-Trinity Records Request Form

Instructions: Complete this form in full with all applicable information. Clients will need to sign a "self" consent. All others will need to ensure a proper consent form signed by the client is attached with this form.

Client: _____ DOB: _____

Telephone: _____

Current Address: _____

Person Requesting: _____ Relationship to Client: _____

Telephone: _____ Email: _____

Fax: _____

Address: _____

Method of Delivery: Email Mail Courthouse

Pick up at clinic (specify): _____

Date Submitting Request: _____ Date Records Due: _____

If less than 30 days date submitting request, why? _____

Time Period of Records Being Requested: _____ to _____

Records Requested:

Assessments/evaluations

Screenings

Treatment plans

Discharge paperwork

Toxicology results

Medical assessments/evaluations

MAT treatment paperwork

Correspondences

Other _____

Note that agency policy allows up to 30 days from date of submission to deliver records. There may be circumstances where records are needed sooner; please specify above.

Questions or concerns can be directed to the medical records department at: medicalrecords@casa-trinity.org.