Aurora Mental Health Center Live Life to the Fullest | ASIAN PACIFIC DEVELOPMENT CENTER

Ph 303.617.2336 · Fax 303.617.2445 · ClinicalRecords@aumhc.org

REQUEST FOR CLIENT ACCESS TO PROTECTED HEALTH INFORMATION

I am requesting access to the protected health information of: _____ AuMHC CID

_____ Client Name (please print) _____/_____/_____ Date of Birth _____ Social Security #

The information to be disclosed includes the following checked documentation:

☐ Medication History ☐ Psychiatric / Psychological Evaluations ☐ Care Plans

☐ Progress Notes ☐ Intake Assessment ☐ Discharge Summaries

☐ Complete Record ☐ Other_____

Dates include: From _____ To _____ ☐ All Dates ☐ Last 4 weeks ☐ Last 6 months
☐ Last year ☐ Other: _____

The purpose for the Release is: Disclosure of information directly to the client or legal representative per their request.
I choose the following method of access to my protected health information:

_____ **Copies of the record** (There is no charge for the first copy of records in a 12-month period.)

_____ **Review the record** onsite at Aurora Mental Health Center. I understand that I must arrange a date and time with my therapist to review the records.

Please indicate how you would like to receive your records:

_____ Pick Up in Person _____ Mail _____ Email:_____

This request will expire on _____/_____/_____ (date), or, if left blank, two years from the date of my signature.

_____ Signature of Client or Legal Representative _____ Date

_____ _____ Please print name of Legal Representative _____ Phone

_____ Street Address _____ City State Zip Code

If you are not the client, please identify your authority to act on the client's behalf by circling one of the following:

☐ Parent of Minor ☐ Guardian ☐ GAL ☐ MDPOA

☐ Personal Representative - Executor of Estate (Documentation Required)

I UNDERSTAND THAT, if access is denied, I have a right to a review by a licensed health care professional who is designated by Aurora Mental Health Center to act as a reviewing official and who did not participate in the original decision to deny access to the record.