

Record Access Request

I, undersigned, _____
First and Last Name

Born, _____
Date of Birth

Residing at _____
Home Address

Email Address

Phone Number

Wish to receive a copy of my record including the following information:

| | |
|--|---|
| <input type="checkbox"/> Assessment report | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> Summary report | <input type="checkbox"/> Other: _____ |

For treatment or services received within the following period:

Insert Dates

Additional Information (optional):

Client signature

Date

Signature of Counsellor

Date of request receipt