

Aloha Behavioral Consultants, Inc.
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Office: 801-399-1818, Fax: 801-782-8412

MEDICAL RECORDS AND LETTER REQUEST FORM

Please allow up to 14 days for all letters and medical records to be complete. Release of Information must accompany this form.

Clinical Letters \$25-\$75; Non-Clinical Letters \$10 minimum (i.e. attendance verification)

Medical records \$.25 per page beyond 10 pages

Date of Request: _____ Date Needed: _____

Patient Name: _____ Date of Birth: _____

Type of Request:

☐ Clinical Notes - Beginning Date: _____ Ending Date: _____

***Please note that releasing clinical notes **require** prior approval. A summary may be offered in place of notes.*

☐ Letter - Please include the following contents: _____

Letter to be addressed to (must be exact): _____

Purpose of Request (why do you need it): _____

*** The contents of these documents may contain clinical notes and should only be interpreted by a licensed professional. Any other interpretation may be considered invalid. It contains privileged or confidential information that is protected by Federal and State Laws. This information may be read or used only by the intended recipient. Any additional use or distribution of these documents and information by other than the named recipient below is by permission only.*

Print Name _____ Relationship _____

Signature _____ Date _____

Receipt of Documents if picked up

Signature _____ Date _____

Witness _____ Date _____

Notes: _____

To be completed by the office:

Estimated Cost _____

Request Rec'd _____

Notified Therapist _____

Completed _____

Notified Patient _____

Picked up _____

Faxed _____

Mailed _____