REQUEST FOR CLIENT RECORDS - FAMILY SERVICES

Clients have a right to access their own records as per FS policy and in accordance with Health Insurance Portability and Accountability Act (HIPAA) and other governmental regulations. The Office must act on the client's request for access to their protected health information within thirty (30) days after receipt of the request or as required by government regulations. Please complete this form as verification of the client's identity and preferred method of delivery.

Name of client: Matthew Anderson	Client date of birth: 07/15/99	Date of request: 11/17/22
Name, address of person requesting file: Matthew Anderson 1265 E 1000 S Spanish Fork 84660	Relationship to client of person requesting file ☑ Self ☐ Parent/Guardian ☐ Other (specify): _____ Any other requestor must be on a current Authorization for Release of Confidential Information (Releases expire 3 months after termination or by identified date)	
Telephone number of requestor: 3854445897	Email of requestor: business.matthewdanderson@gmail.com	
Information being requested: ☑ Assessment and case notes ☐ Testing results ☐ Client application paperwork ☐ Dates of service/payment history ☐ Complete client file (everything above) ☐ Other (specify):_____	Purpose of request: Building application for armed forces.	
Name of counselor: Andraya Salcido	Approximate dates of service: 07/21 - 11/21	
Requested method of delivery: ☑ Pick up ☐ Postal service ☑ Email: business.matthewdanderson@gmail.com _____ Other:	Postal address, if mailed:	

Please read or send this statement to the client regarding electronic communication:
If you authorize us to communicate electronically, such as through email or text messaging, there is a risk that those messages could be intercepted or read by a third party. To minimize this risk, Family Services uses a secure email server and encrypts email messages and documents sent to clients that contain the client's health information. Encryption is done according to industry standards that meet HIPAA requirements. However, Family Services cannot ensure the security of your personal email provider. We also cannot ensure the security of other electronic communication providers used by you, your counselor, or any other authorized contacts to whom you authorize Family Services to disclose your health information. By providing your email address or by authorizing contact through other electronic means, you acknowledge that you accept any associated risks.

Describe method of verifying identity of requestor *Suitable identification may include: (1) a government-issued photo ID or other valid picture identification card; (2) confirmation of a requestor's name and date of birth and address on file or other information noted in case file; (3) request for and the provision of information only the individual would know; (4) recognition by an employee of the covered entity who knows the person; and (5) comparison of the person's signature with a copy of the person's signature existing on file with the covered entity.*

Date supervisor notified:	Date sent:	Date logged into client's file: