

Records Request

I am requesting my treatment records from Emily Pimpinella, Psy.D.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am requesting the following treatment records (Please Initial):

\_\_\_\_\_ Entire Treatment Record

\_\_\_\_\_ Treatment Records for a Specific Date or Date Range: \_\_\_\_\_

\_\_\_\_\_ Written Summary of Evaluation and Treatment

\_\_\_\_\_ Other: \_\_\_\_\_

I would like the treatment records (Please Initial):

\_\_\_\_\_ Sent to me in digital format via the Client Portal

\_\_\_\_\_ Hardcopy Mailed to Me

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Faxed      Fax Number: \_\_\_\_\_

If I have any questions or concerns about the contents of my records, I may speak with my provider. I understand that I am responsible for maintaining the security of the records that have been released to me.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Print name