



CLIENT REQUEST FOR MEDICAL RECORDS

Phone: 614-889-5722; Fax: 614-889-9335

Client's Name:

DOB:

I request **Syntero, Inc.** release written healthcare records of the patient named above to:

Name:

☐ Self ☐ Parent/Legal Guardian

To be send via:

- ☐ Fax ☐ Secure Email ☐ In-Person Pickup
☐ Mail ☐ Certified Mail (additional costs apply)

Sending number/address/preferred location:

Syntero, Inc. has 30 days to process this request. If records are to be expedited, please list the reason:

Dates of Information to be disclosed covering:

From: _____ To: _____

- ☐ The previous 3 months ☐ Most recent admission ☐ All
☐ Other (specify):

I need the following information to be released:

- | | | |
|--|---|---|
| ☐ Attendance | ☐ Progress Notes | ☐ Verbal communications |
| ☐ Diagnoses | ☐ Psychiatric Evaluation Initial | ☐ Other (specify below): |
| ☐ Diagnostic Assessment | ☐ Psychiatric Progress Notes | |
| ☐ Medication List | ☐ Summary of Treatment Letter | |
| ☐ Physician's Notes | ☐ Treatment Plan | |

It is the policy of Syntero that clients have the right to view and receive copies of their medical, psychiatric, and other treatment records unless access to particular information is specifically restricted for clear treatment reasons. The following items will be provided to the client at no charge: **Diagnostic Assessment-Initial; Diagnostic Assessment-Comprehensive; any updated Treatment Diagnoses; the most recent Treatment Plan; Initial Psychiatric Assessment, last three Psychiatric Progress Notes and Medication Records; and any Transfer/Discharge Summaries.** A records fee of twenty-five cents per page will be assessed for other treatment record items such as progress notes or record items received from other providers. Additional fees regarding the delivery of records may also apply. Clients unable to meet this payment may request an exemption from the Client Rights Advocate.

The agency will respond to requests within 30 days of the request. If the agency is not able to take action within 30 days, we may extend the deadline an additional 30 days. If another 30 days is needed, we will provide the individual with a written statement of the reasons for the delay. If the client records are stored off-site and the agency cannot access the records within 30 days, the agency is permitted to respond to the request within 60 days providing the requestor is given a written statement of the reasons for the delay.

*Please note: This form is not sufficient to release records to a third party. A HIPAA-compliant Authorization for Release of Information is required for release to a third party, but not for a release to self or guardian.

Sign: _____

Date: _____