

Family Counseling Service  
**Client Request for Records**

3833 S. Staples, Suite S203, Corpus Christi, TX 78411  
Phone: (361) 852-9665 Fax: (361) 852-2794

603 E Kleberg, Kingsville, TX 78363  
Phone: (361) 592-6058 Fax: (361) 592-7843

I, \_\_\_\_\_ am requesting a one time release written copy of my record or  
(Print Name) (Date of Birth)

information from my record in written format from Family Counseling Service/Crime Victims Services

The record is for: (check one)

\_\_\_ myself (the client) Phone Number: \_\_\_\_\_

\_\_\_ for child/guardian \_\_\_\_\_  
(Print Name) (Date of Birth)

By signing this form I understand that there will be a charge for the following from the file.

**Letter writing**

\_\_\_\_\_ \$20.00 - Letter with only dates of client's visits.

\_\_\_\_\_ \$50.00 - Letter with: dates of visits, treatment goals, progress (or lack of).

\_\_\_\_\_ \$65.00 - Letter with: dates, treatment goals, progress (or lack of), file review, and recommendations.  
(eg: Bariatric Evaluation)

**Records Release**

\_\_\_\_\_ \$30.00 - Single Client: review of file and copy of assessment and progress notes (\$.50 for each additional page beyond 5 sheets.)

\_\_\_\_\_ \$40.00 - Multiple Client Record: review of file to blacken out information that pertains to other person in assessment, progress notes, etc... not included on signed release from client. (\$.50 for each additional page beyond 5 sheets.) *Note: Each person must sign a release individually or have parent/guardian sign release.*

If the request is for a letter please include the following: *(circle choices)*

Background/History      Attendance      Progress      Treatment goals  
Diagnosis      Other: \_\_\_\_\_

For the following purpose: \_\_\_\_\_

Special instructions/limitations: \_\_\_\_\_

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(Signature of Client/Legally Authorized Representative)      (Today's Date)      (Printed Name)

\_\_\_\_\_  
(Relation to client)