

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: _____

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

(Relation to client)