



# JOHN F. KENNEDY UNIVERSITY

Office of Clinical Training | College of Psychology

100 Ellinwood Way, Pleasant Hill, CA 94523 | (925) 969-3444

## REQUEST FOR RECORDS

Full name : \_\_\_\_\_

Date of birth \_\_\_\_\_ Current phone number: \_\_\_\_\_

I am a former client of a John F Kennedy University - Community Counseling Center/Office of Clinical Training and I would like to access my client records.

I would like to:

<input type="checkbox"/> Inspect my file	<input type="checkbox"/> Receive a copy of all or part of my file
<input type="checkbox"/> Have a part of or all of my file sent to a third party (if you select this option you must fill out an <i>Authorization for Release of Confidential Information</i> )	

If you would like a copy sent to you, please include a secure address where we can send the requested contents of your file: \_\_\_\_\_

I would like to access and/or have sent:

<input type="checkbox"/> Dates of Treatment	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Clinical Test Results	<input type="checkbox"/> Entire Psychotherapy Record
<input type="checkbox"/> Other _____		

I was seen at:

<input type="checkbox"/> A Community Counseling Center
<input type="checkbox"/> Concord <input type="checkbox"/> Oakland <input type="checkbox"/> Sunnyvale
<input type="checkbox"/> A school site (write name and address of school:)
_____
<input type="checkbox"/> Other (write name and address of site seen):
_____

I was seen as (Check all that apply):

<input type="checkbox"/> An Adult	<input type="checkbox"/> A minor	<input type="checkbox"/> A Family
<input type="checkbox"/> An Individual	<input type="checkbox"/> A Couple	

Dates seen: \_\_\_\_\_

Therapist(s) seen: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

rev. 7/18

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_