



Deer Valley Counseling

"Skills for Better Living"

Request for Copies Of Protected Health Care Information

I request a copy of my or my child's health care information. Please

mail the copies to: _____

or

fax the copies to: _____

Client Printed Name: _____

Client Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Note: This form is for releasing your or your child's records to you. If you want us to release your records to someone else, you need a different form.

Note: In a couple's or family counseling session, we must receive a signed Authorization for Release of Confidential Information form for each person present before we can release the records for that session.