



Deer Valley Counseling

"Skills for Better Living"

Request for Copies Of Protected Health Care Information

I, the undersigned, request a copy of my health care information. Please

mail the copies to: _____

or

fax the copies to: _____

Client Printed Name: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Note: This form is for releasing your 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.

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