

Client Records Request/Access/Correction Form

I, _____ authorize _____
(Name of Client/SDM – Please print) (Name of Manager/Recipient – please print)

- To obtain a copy of or review my personal health information from my Health Record
- To make the following correction to my personal health information on my Health Record

Please use the following space to detail your request regarding the above selection and add a separate note if necessary):

Client/SDM Signature

Witness Signature (not Recipient)

Date Signed

Client's Date of Birth

Client's Current Address

Client's Phone Number

SE staff only:

Express consent from client/SDM obtained verbally YES n/a

- Recipient Identification (enter details below i.e. driver's license # and include photocopy):

Client chart was explained to recipient by _____

Chart or section of chart copied and delivered to recipient.

Name of Staff Member

Signature

Date Signed