

Unity Behavioral Health
Record Request



Clients (including their personal representatives and/or authorized persons) have the right to reasonable access to their own medical records and to request records be sent to an identified person/entity. This form is required (in accompaniment with an Authorization for Release of Information) when records are requested.

Request Date:			
Client Name:		Date of Birth:	
Person/Entity Requesting Records:			
Name:		Phone Number:	
Relationship:			
<input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Probation Officer <input type="checkbox"/> CPS <input type="checkbox"/> Attorney <input type="checkbox"/> Other:			
Reason for the Request:			
Requested Records:			
<input type="checkbox"/> Diagnostic Assessment(s)	<input type="checkbox"/> Treatment Plan(s)	<input type="checkbox"/> Screening Tools	<input type="checkbox"/> Progress Report(s)
<input type="checkbox"/> Behavior Risk Assessment(s)	<input type="checkbox"/> Safety Plan(s)	<input type="checkbox"/> Crisis Assessment(s)	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Progress Notes (specify type):			
Dates of Service to Release:			
FROM (mm/dd/yyyy):		TO (mm/dd/yyyy):	
Method of Delivery:			
<ul style="list-style-type: none"> • Unity encourages an in-person review with the primary clinician and/or supervisor prior to release if possible • Prior to the release of records to a client served, they will be reviewed by an independently licensed provider to determine any risk of adverse effect on the client. In some instances, record requests may be denied; however, denial reviews may be requested in writing. (Please see Notice of Privacy Practices for more information) • If a clinician who has treated the client determines for clearly stated treatment reasons that disclosure of the requested record is likely to have an adverse effect on the client, the clinician will provide the record to a physician, psychologist, licensed professional clinical counselor, licensed professional counselor, independent social worker, social worker, independent marriage and family therapist, marriage and family therapist, or chiropractor designated by the client. • A parent of a child who is not the residential parent of the child is entitled to access, under the same terms and conditions under which access is provided to the residential parent, to any record that is related to the child and to which the residential parent of the child legally is provided access, unless the court determines that it would not be in the best interest of the child for the parent who is not the residential parent to have access to the records under those same terms and conditions (3109.051 H1). 			
Requestor Signature:			Date:
For Office Use:			
Reviewed request w/client: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, indicate why:			
Date Received:	Date Completed:	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
If denied, indicate why:			
In-person review conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Release logged in client record: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Provider Signature:			Date:

Effective Date: 6/1/24	Applies To: Clients, Person/Entities
Rule/Accreditation Ref: CARF 1.E.3, 2.G, OAC 5122-27-02, 5122-27-06, 5122-26-08	Policy/Procedure Ref: 1.1.15 – Releasing Records