FRIENDS RESEARCH INSTITUTE

Advancing research to promote health and well-being

REQUEST BY CLIENT OR CLIENT REPRESENTATIVE FOR COPY OF CONFIDENTIAL HEALTH INFORMATION

Client Name: _____ **Birth Date:** _____

Full Address: _____ **Phone #:** _____

_____

☐ **Provide a copy of** My Health Information **to me**

☐ Send **My Health Information to** _____

_____

(name of other person or entity/address/fax number)

For this Request, **"My Confidential Health Information"** means (check one or more):

☐ Assessment	☐ Diagnosis	☐ Labs (including Urinalysis results)	☐ Recommendations
☐ Discharge Summary	☐ Prescriptions	☐ Biopsychosocial History	☐ Mental health records
☐ HIV status	☐ Legal History	☐ Substance use history and treatment	☐ Entire record

If I have initialed here ( ), "My Confidential Health Information" includes Substance Abuse Records/Information.

For the date(s) of service from: _____ to _____ (records will be provided for all service dates if left blank)

I request that the copy be provided (where possible/available):

☐ on paper ☐ electronically on CD ☐ electronically on flash drive

Important: I understand that the CD/disc or flash drive will be password protected; however, it is my responsibility to take extra precautions to protect the data on the device and not to lose or misplace the device. Additionally, I understand that unencrypted e-mail is not secure – that means it could be intercepted and seen by others; in addition, I understand that there are other risks with unencrypted e-mail including misaddressed/misdirected messages; e-mail accounts that are shared; messages forwarded to others; and messages stored on portable devices having no security. By communicating with FRI about **My Confidential Health Information using an unencrypted email address**, I am acknowledging and accepting these risks. I understand there may be a fee for a copy of My Confidential Health Information. I understand that all fees will be in compliance with applicable law. I agree to pay this fee.

Signature of Client Only: _____ **Date**: ____/____/____ (Required)

If you are NOT the client but are signing on behalf of the client, please complete below and attach proof of your authority to act on behalf of the client.

I, _____**, am the (check which applies)**

(print your name)

☐ **Court Appointed Guardian**
☐ **Court Appointed Personal Representative of Deceased**
☐ **Parent with Parental Rights** *(requires Release of Information form signed by client)*
☐ **Attorney** *(requires Release of Information form signed by client)*

Representative's Signature: _____ **Date**: ____/____/____ (Required)