

How to Request Your Health Care Records

Clients have the right to request access to their health care records.

To request your records:

1. Submit a written request by email to: admin@glorytoglorycounseling.com. Please see below form example of information needed.
2. Include your full name, date of birth, and the specific records you are requesting.
3. Requests may be subject to identity verification and applicable fees as permitted by law.
4. Records will be provided within 14 days from the written request request date.

If you have questions about requesting records, please contact the practice directly using the contact information listed on this website.

Client Request for Clinical Records

** indicates a required field*

*** Client Requesting Records:**

*** Date of Birth:**

*** Method of Release:**

- ☐ Pick up in person
- ☐ Encrypted Email
- ☐ Secure Client Portal
- ☐ Other

*** Description of information to be released: (Check all that apply)**

- ☐ Entire File
- ☐ Treatment Plan
- ☐ Progress/Treatment Notes
- ☐ Intake Documents

*** The purpose of the disclosure is for the following: (Check the appropriate category)**

- ☐ Continuity of Care
 - ☐ Personal Information
 - ☐ Court Involvement
 - ☐ Other
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I wish to obtain a copy of my own records. I hereby authorize the use or disclosure of my protected health information as specified above. Records must be requested in writing and release of information and/or client request for records form must be completed. We may charge a reasonable fee for copies. Please make your request well in advance and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request. Also, I acknowledge that electronic media, and delivery methods such as email, pose certain risks to the privacy and security of Protected Health Information.

I understand that Glory to Glory Counseling, PLLC will not be held liable for any damage that may be done once the file is released to me as a result of re-disclosure. I hereby release Glory to Glory Counseling, PLLC from all legal responsibilities or liability resulting from the release of my records.

*** I consent to the release of my records as stated on this form:**

I consent to sharing information provided here.

*** Today's Date:**