



REQUEST TO ACCESS RECORDS & LETTERS

All clients of Community Solutions and/or the Santa Clara County Mental Health Department have the right to inspect or to receive a copy of treatment records. Community Solutions is not required to grant such access, but each request will be carefully reviewed and approved if warranted. You will be notified when your request has been approved or denied, and the reasons for any denial.

CLIENT INFO:

Name: _____ DOB: _____

REQUESTING PARTY INFO:

Name: _____ Relationship to Client: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone#: _____ Okay to leave messages? YES NO

REQUEST DETAILS (Documentation being requested):

Time Period of Request: From: _____ To: _____ Present Entire Record

Copies of Records (PLEASE CHECK WHICH RECORDS YOU ARE REQUESTING)		
Assessments/Evaluations	Psychiatric Session Notes	Diagnosis Report
Treatment Plans	Medication Log	
Other (Specify): _____		

Letters (PLEASE CHECK WHICH LETTER(S) YOU ARE REQUESTING)		
Summary of Services Letter	IEP/School Letter	Jury Duty Letter
Emotional Support Animal (ESA) Letter	Work Accommodation Letter	Treatment & Diagnosis Letter
Other (Specify): _____		

PURPOSE OF REQUEST (PLEASE BE SPECIFIC): _____

METHOD OF RECEIVING INFORMATION:

In-Person Pick-up at the Gilroy Office: 9015 Murray Ave #100, Gilroy CA, 95020

Certified Mail to Requesting Party Address

Secured Email: _____

Fax: Name: _____ Fax #: _____ Phone #: _____

Client Signature: _____ **Date:** _____

Requesting Party Signature: _____ **Date:** _____

**DISCLAIMER: No request to access records will be processed unless a client/legal guardian/legal representative has signed the above line, or provided a valid Consent/Authorization to Release Confidential Health Information form, granting the requesting party access. A client's representative needs to provide documentation or explanation of his/her authority to act for the client.*