

PAPERWORK REQUEST FORM for CLINTON COUNSELING CENTER

*******REQUESTS MAY TAKE UP TO 14 DAYS TO PROCESS(after fees are paid)*******

Date: Client Name:

Form to be completed (attach form, if applicable):

Information Requested:

PSYCHIATRIST:

Cost for paperwork completion: \$25 initial fee + \$1.00/page; TOTAL COST:

Date Paid in Full: Form to be completed by (date):

*Fee MUST be paid in FULL prior to completion (may take 14 days from paid date to process request)

THERAPIST/CASE MANAGER:

Cost for paperwork completion (may be waived):

Balance MUST be paid in FULL to complete paperwork CURRENT BALANCE:

Date Paid in Full: Form to be completed by (date):

*Balance MUST be paid in FULL prior to completion (may take 14 days from paid date to process request)

COPYING RECORDS:

Cost for copying records: \$20 initial fee + \$1.00/page (1-20) + \$.50/page (21-50) + \$.20/page (51+)

This fee may be waived if the client balance (past or current) is paid in full and the request is less than 10 pages.

TOTAL COST: _____ OR Cost waived due to balance paid _____

Date Paid in Full: Information to be copied from record:

Paperwork to be: _____ Picked up by Client (front desk to call client when completed) Phone: _____

_____ Faxed (See attached Release for Details)

_____ Mailed (See attached Release for Details)

Client Signature & Date:

Signature of Person Completing this Form:

Client Signature & Date (If picked up):

Date faxed/mailed: Initials of person faxing/mailing:

*Please file this in chart after completion and provide client a copy.