

Request for Release of Mental Health Records

I, _____, am requesting a complete copy of my mental health records. I understand that this includes treatment plans, intake information, and correspondence with other professionals.

I understand that clinical notes are not available due to HIPAA but that my therapist will summarize in a letter what my diagnosis, treatment goals, and progress were.

Please mail my records to the following address:

Client Name/Signature

Date

*****If a summary of couples or family therapy is being requested as well as individual therapy, please have your spouse or other family member(s) sign below.

Spouse Name/Signature

Date

After completing this form, please enclose a check for \$40 and mail to:

Stephanie Weiland, LLC.
P.O. Box 473
Fulton, MD 20759
301-490-1011