Special Education Resources LLC
Committed to Serving Children with Special Needs

Form 20150622

REQUEST FOR COPIES OF MEDICAL OR OTHER RECORDS

All items on this Authorization must be completed or the request may not be honored. Use "N/A" if not applicable. *Unless otherwise specified, all requests will generally be processed and available within **7 – 10 business days or depending on the scope and magnitude of the request, slightly longer**.*

Child's/Patient's Name: _____ **Birth Date:** _____
(First Name) (Middle Initial) (Last Name)

Address: _____ **Phone #:** _____
(Street Address)

_____ **Medical Record #:** _____
(City) (State) (Zip Code)

I hereby authorize **Special Education Resources, LLC** to take the following action(s).

ACTIONS REQUESTED

I. I am requesting copies of My Child's medical or other records as follows:

Records requested:

☐ Encounter Forms (*Check One*): ___All Forms __Encounter Forms for dates of service from _____ to

_____ (If left blank, records will not be provided.)

☐ Evaluation Reports

☐ Other *(Clearly specify the information [e.g., dates and types of service and special documentation request] being requested):* _____

_____

2. I am requesting that copies be provided as follows:

☐ Provided to me in person

☐ Mailed to me at the address above

☐ Mailed to the following person at the following address:

_____
(First Name) *(Middle Initial)* *(Last Name)*

_____
(Agency/Organization – If Applicable)

_____
(City) (State) (Zip Code)

I understand that there will be a fee for copies of my child's medical or other records, which I must pay in advance. I also understand that if I am not the parent/legal guardian, and/or I am acting on behalf of the patient, I will be required to attach proof of my authority to act on behalf of the patient.

_____ _____ _____
Parent/Legal Guardian Name (Print) *Parent/Legal Guardian Signature* *Date*

Original - Patient File

Internal Use: *Received by(Initials)_____: Date__/__/___ Approved by(Initials)_____: Date__/__/___ Processed by (Initials)_____: Date__/__/___*