

**Arbour Counseling Services, Arbour SeniorCare and
Arbour Partial Hospitalization Program, Arbour Community Services**

To: Program Director

Client Name: _____ Date of Birth: _____

Re: Viewing Client Record or receiving a copy of Client Record

Date: _____

(Check all that apply):

- Please be advised that I am requesting to view the above-named client's record. I understand that this will need to be done in the presence of a staff person, that I may have a piece of paper on which to make notes and a pencil with me at the time of the viewing. I further understand that I may not make any notations in the record. If I am in disagreement with any or all of the contents of the record, I am aware that the bottom portion of this form allows me to document my disagreement. This request, and any statement of disagreement, will become a permanent part of the client record.

- Please be advised that I am requesting a copy of the above-named client's record, or a specific portion thereof, for personal reasons. I understand that it could take up to four weeks from the date of this request to receive my copy and that I am responsible for any copying and/or mailing fee. If the chart is to be mailed to me, please do so to the following address:

(Please check one):

I am requesting a copy of:

- Entire Chart
- Specific portion: _____

Requester's Signature: _____

Relationship to above-named client (please check one):

- I am the client named above.
- I am an authorized representative (e.g. parent, guardian, executor, administrator, etc.) of the above-named client.

(To be completed after viewing record)

Date of viewing: _____

Staff present: _____

(Please check one)

- I have viewed the record on the above date and am in agreement with what I have read.

Viewer's Signature: _____ Date: _____

- I have viewed the record on the above date and am not in agreement with the following entry(ies) and/or am submitting this addendum (use reverse side if needed):

Viewer's Signature: _____ Date: _____

(To be completed after receiving a copy of Client Record)

- My signature below verifies that I have been given a copy of the record as requested.

Viewer's Signature: _____ Date: _____

- A copy of the chart as requested above has been mailed to the requester at the following address:

Name: _____

Address: _____

Date mailed: _____ Staff name: _____

Staff Signature: _____ Date: _____

Copying/Mailing fee charged to requester: _____