



Embodied Living Counseling, LLC

1130 Ten Rod Rd, Suite 104C
North Kingstown, RI 02852

Phone: (401) 250 - 2731, Fax: (401) 386 - 3443
www.EmbodiedLivingLLC.org

Record Request

Client Name: _____ DOB: _____

Clinician: _____

Requesting Records Between the Dates From: _____ to _____.

Check which records you are requesting;

Assessment Progress Notes Treatment Plans and/or Reviews

Measures Provider/Court Letters

Other: _____

Purpose of Record Request: _____

If requesting records for your personal files, Embodied Living Counseling, LLC recommends scheduling a session with your clinician to review records in case of questions.

Request Appointment

Decline Record Review Appointment

If requesting records to be sent to someone other than yourself, please complete a release of information form (unless already completed) and submit with this request and include agency name, address, and contact person.

ROI in client chart?

Yes

No

Record requests will be completed within 30 business days of receipt of your record request and \$20 processing and material fee. If your clinician or the clinical director denies your request for records, you will be notified in writing by Embodied Living Counseling, LLC with reason for denial within 60 business days.

Mail or drop off this form and payment to Embodied Living Counseling, LLC at 1130 Ten Rod Rd, C104, North Kingstown, RI 02852.

Client/Guardian Signature: _____ Date: _____

Name of Guardian (Printed): _____

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For Internal Use Only:

Date Request was Received: _____ Received By: _____

Date Request was Completed & Mailed (Unless given during appointment): _____

Date of Appointment if Applicable: _____

After completion of the above process/form, upload into the client's chart.