

**Green Chimneys Children's Services/Green Chimneys School
Request for Access to Health or Educational Information**

Client Name: _____

Client Date of Birth: _____

Name and Relationship of Person Making Request: _____

Contact Information of person making the request: _____

Purpose of Information Requested: _____

Dates of Information Requested: _____ to _____

Please check which records you are requesting:

Discharge records (Summaries of treatment): Medical Psychiatric Educational

Educational records: Report Cards IEPs Transcripts Psychoeducational Report
OT/Speech

Medical records: Psychiatric Notes Doctor's Visits Consults

Incident Reports:

Specific records not listed (please indicate): _____

Please indicate how you would like to obtain access to this information (Note: fees may apply):

Copy of records:

Inspect records on premises

If you have requested a copy, please indicate how you would like the copy provided:

Mail (may include postage costs)

Fax

Secure email (depending on size)

Pick up at our office

Please note that if you request an inspection, we will contact you to arrange a date and place for the inspection. If you ask to pick up copies at our office, we will contact you to let you know when and where the copies will be available.

If you request copies we will charge you a fee to cover our costs. If you cannot afford the copying charge, you may ask us to provide copies at no cost. Our Privacy Officer will review all such requests. If you ask us to prepare a summary or explanation of the records, we will contact you in advance to give you an estimate of any fees that may be charged.

Legal Guardians are entitled to copies of records for minors with exceptions under New York State Law.

Record requests will only be fulfilled if this form is completed in FULL.

Signature of Client or Legal Guardian: _____ Date: _____

Please submit this form to:

Quality Assurance
Green Chimneys
400 Doansburg Road, Box 719
Brewster, NY 10509