



ENVISION
COUNSELING CLINIC
720-WELCOME
www.EnvisionClinic.com

Request for a Copy of a Mental Health Record

If you would like a copy of your record, please complete this form and submit it to Envision Counseling Clinic. The most confidential way to do so is by mailing it to us at:

*Envision Counseling Clinic
Attn: Client Record Request
734 Wilcox St., Suite 202
Castle Rock, CO 80104*

You may also email this form to admin@envisionclinic.com, though we advise you to encrypt the email. Our process is meant to be as efficient and as confidential as possible. Envision staff may contact you to discuss the scope, format, and other aspects of your request to facilitate confidentiality and efficiency.

Please be aware that Envision Counseling Clinic may not be able to provide records if (a) Envision has destroyed the records (according to the legal standards), (b) the records are being used in a civil, criminal or administrative action or proceeding, or (c) if the records could be reasonably likely to endanger someone. If ECC staff considers the request one of these exceptions, they will contact you in writing about the reason for making an exception.

If you would like the full record for counseling that occurred with more than one person (e.g. couples or family therapy), all adult individuals will need to give signed consent to release the record. A summary can be given to an individual regarding their participation in multiple-person therapy. The summary will not include the names of the other individuals involved.

Records Requested by _____			
Name of Client _____		Date of Birth _____	
Name of therapist _____			
The treatment was received in the form of (please circle one)			
Individual Therapy	Couples Therapy	Family Therapy	Group Therapy
I am requesting (please circle one)			
Full client record (will include fee for costs)		Summary of treatment (free of charge)	
Records should be sent to (name) _____			
_____ I request an encrypted PDF to this email address _____			
_____ I request a paper copy sent to this physical address _____			

Client Signature _____		Date _____	

734 Wilcox St. Suite 202	Castle Rock
7200 S Alton Way #A120	Centennial
355 LaBonte St.	Dillon