



San Mateo County Behavioral Health and Recovery Services

Request for Access to Protected Health Information

Confidential Patient Information:

See California Welfare and Institutions Code Section 5328.

_____, Birth Date _____
is a current or past client of San Mateo County Behavioral Health and Recovery Services. Access to this client's protected health information is requested, as follows:

- All health information pertaining to any medical, mental or physical condition and treatment received.
Except: _____
- Billing/claims information for the following time period: _____

- Only the following records or types of health information (including any dates): _____

- This request is to inspect the record.
- This request is for a copy of the chart.
- This request is for both inspection and copying.

- I am requesting access to my health information for myself.
- I am requesting access to my health information for my authorized representative. Name _____
Legal Relationship _____

- I am the Parent/Legal Guardian of this minor child.
- I am the Conservator of this adult.
- I am the Personal Representative of this deceased client.

Release or transfer of the specified information to any person not named herein is prohibited. An additional written authorization must be obtained for a proposed new use of the information or for its transfer to another person or entity.

Documentation in the client's chart must follow any release of information authorized above.

This authorization shall be valid for a one-year period from the date it is signed, unless consent is withdrawn in writing.

_____ Client Signature	_____ Date
_____ Parent, Guardian or Authorized Representative	_____ Date
_____ Witness Signature	_____ Date