Sunpath LLC
Your Community Pathway to Brighter Futures...

Records Request Form

Please complete all sections of the form. You may be required to verify your identity or provide written authorization before records can be released. By submitting this request, you acknowledge that the records may contain sensitive health information and other protected health data.

Client Information

Full Name: _____
Date of Birth: _____
Phone Number: _____
Address: _____

Request Details

□ I am the client requesting my records
□ I am a parent/guardian/legal representative (documentation required)
□ I am an external agency/provider requesting records
Type of Records Requested: _____
Date Range of Records: _____

Recipient Information (where records will be sent)

Name/Agency: _____
Address: _____
Phone Number: _____
Fax: _____
Email: _____

Delivery Method

□ Secure Fax
□ Secure Email
□ Pick up in Person

Purpose of Disclosure

□ Continuity of care
□ Legal
□ Personal Copy
□ Other: _____

Consent & Authorization

By signing your name below, you agree that it will serve as your legal signature for this request. You acknowledge that the records may include sensitive protected health information (PHI), such as mental health, substance use, and other confidential data, in accordance with HIPAA regulations.

Signature : _____
Date (MM/DD/YYYY): _____
Relationship to Client: _____