

## Records Request

I am requesting my treatment records from Emily Pimpinella, Psy.D.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am requesting the following treatment records:

Entire Treatment Record

Treatment Records for a Specific Date or Date Range: \_\_\_\_\_

Written Summary of Evaluation and Treatment

Other: \_\_\_\_\_

I would like the treatment records:

Sent to me in digital format via the Client Portal

Hardcopy Mailed to Me

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hardcopy Available for Pick-Up in Person

Faxed

Fax Number: \_\_\_\_\_

If I have any questions or concerns about the contents of my records, I may speak with my provider. I understand that I am responsible for maintaining the security of the records that have been released to me.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print name