



EMQ FamiliesFirst

Headquarters: 251 Llewellyn Avenue, Campbell, CA 95008
Phone (408) 379-379 Fax (408) 364-4013 www.emqff.org

▲ EMQ FF staff only ▲

CLIENT REQUEST TO ACCESS HEALTH INFORMATION

Please complete this form if you are requesting to view or receive copies of the health record maintained by EMQ FamiliesFirst for the individual listed below.

Printed name of client/child: _____ DOB: ____ / ____ / ____

There are some situations in which information may be withheld or summarized, in which case we will discuss any issues and potential solutions with you within 10 working days.

Reason for access request: _____

Information Requested:

- | | |
|--|---|
| 1. ___ Diagnosis/es: _____
_____ | 5. ___ Results of Psychological/Psychiatric tests:
_____ |
| 2. ___ Summary of Treatment: _____
_____ | 6. ___ Medical Information: _____
_____ |
| 3. ___ Educational Information: _____
_____ | 7. ___ Assessment Information: _____
_____ |
| 4. ___ Billing Information: _____
_____ | 8. ___ Other Information: _____
_____ |

One box must be checked in each column:

I am requesting access to information for the first time in a twelve-month period.

OR

I have received requested information within the last 12 months. **My check for \$20 is attached.**

I am requesting to review/inspect this information.

OR

I am requesting copies of this information be mailed to:

Printed Name: _____

Printed Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Contact Phone#: _____

Contact Phone #: _____

Signature of child/client if age 12 or over

Date: ____ / ____ / ____

Signature of Parent/ Legal Guardian

Relationship to Client

Date: ____ / ____ / ____

Signature of EMQ FamiliesFirst Representative

Date: ____ / ____ / ____

Original /chart

Copy/client

Mail this completed form to EMQ FamiliesFirst, Attn: HIM Dept, 251 Llewellyn Ave, Campbell, CA 95008, or fax to (408) 364-7065. If you have any questions completing this form, please contact the Privacy Officer at (408) 364-4024.