



Crisis Preparation & Recovery, Inc. Client Records Request

Name:

Date of Birth:

Last 4 digits of Social Security Number:

I hereby request a copy of the following Crisis Preparation & Recovery, Inc. (CPR) records:

- CPR Assessments/Psychiatric Evaluations
- Treatment/Service Plans
- Progress/Service Notes
- Labs
- Medical Services
- OQ Measures
- Family/Couple's treatment records (may require additional authorizations)
- Other:

Please provide this information to me in the following way:

- Upload my records to my secure patient portal:
- Send an encrypted email of my records to:
- I will pick up my records at the following CPR clinic and provide identification at this time:
 - Gilbert: 2314 S Val Vista Dr. #101, Gilbert, AZ 85295
 - Tempe: 2120 S McClintock Dr. #105, Tempe, AZ 85282
 - Estrella: 9321 W Thomas Rd #100, Phoenix, AZ 85037
- Mail my records to:

I understand that I MUST provide identification in order to get a copy of my records. If the Records Department is unable to get a copy of my identification, I will be asked to have my signature notarized. I understand that I can change the format in which I receive my records at any time. I understand that the first copy of my records is free, and any additional copies for the will be charged at \$0.25 per page with a clerical fee of \$10.00 per hour and related postage. A copy of this authorization is available to me upon my request.

Client:

Date:

Staff:

Date: