



innovative  
therapeutic services  
Request Form for Client Records

I, the Undersigned, authorize Innovative Therapeutic Services, to provide me with photocopies of protect health information about:

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please place a check mark next to the item(s) you are questions copies for:**

\_\_\_\_\_ Initial Evaluation [Therapy/Psychiatric]

\_\_\_\_\_ Contact/Progress Notes(s) [Therapy/Psychiatric]

Specific Date Range: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Copies of Consent Forms

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

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\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Parent/Guardian Printed Name

Mail to Address: \_\_\_\_\_

\_\_\_\_\_

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*[Internal Use Only]*

Request Completed By: \_\_\_\_\_

\_\_\_\_\_  
ITS Staff Signature

\_\_\_\_\_  
Date