



Laurel Office
14440 Cherry Lane Court, Suite 208
Laurel, Maryland 20707
Phone: 301-604-1458
Fax: 301-604-1459

Hagerstown Office
20 W Washington St., Suite 503
Hagerstown, Maryland 21740
Phone: 301-393-3949
Fax: 301-745-3482

Request Form for Client Records

- Records requests will be completed within 14 business days once the request has been received.
- Only documents generated by Innovative Therapeutic Services Corp. (ITS), will be released.
- Once your records have been completed, a staff member will contact you with an update.

Client Name: _____

Client Date of Birth: _____

Please select your delivery method:

- Mail (Please enter the Receiver's Full Name and Address (Street, City, State, and Zip) below:
- Fax (Please enter the Receiver's Full Name and Title/Business and Fax Number below:
- Pick up in person

Receiver's Information: _____

(Optional. If sending to a third party, please complete the third-party release of information form along with the request form for client records).

Please select which item(s) you are requesting a copy of:

- Initial Evaluation
- Progress Notes
- Treatment Plans
- Other: _____

If you would like to specify a date range for your records request, please indicate the date range below:

_____ to _____

Additional Comments for Our Team (If applicable):

By signing below, I, the undersigned understand and agree to the terms outlined in this request.

Client/Parent/Guardian Signature

Date

Name of Requestor (If requestor is not the client)

Client Records Fees and Terms

Description	Cost
<p>Preparation Fee</p> <p>*Applicable ONLY if the records are sent to a provider or a person other than the client or the client's personal representative.</p>	\$22.88
<p>Postage and Handling</p> <p>*Applicable ONLY when a client is requesting the records be mailed to their residence or provider's office.</p>	\$15.00
<p>Copies of Records sent electronically (via fax) or uploaded via secured government platforms.</p> <p>Base Fee (from 1 to 50 pages) 50 or more pages</p> <p>*Applicable ONLY if the records are sent to a provider or a person other than the client or the client's personal representative.</p>	<p>\$15.00 \$0.57/page</p>
<p>Copies of Records (Paper Copy/Printed)</p> <p>Base Fee (from 1 to 50 pages) 50 or more pages</p> <p>*Applicable ONLY if the records are sent to a provider or a person other than the client or the client's personal representative.</p>	<p>\$15.00 \$0.76/page</p>

*Clients and/or their personal representatives (Power of Attorney/Legal Guardian) are not subject to any **Records Requests** fees outlined above when requesting records on their own behalf.

Clients with Maryland Medicaid are not subject to any **Records Requests fees outlined above.

***All terms and fees are subject to change at any time. ITS will notify clients immediately if any changes occur.

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