

COPY OF OWN RECORDS REQUEST FORM

Date of Request: _____

Name of Client: _____

Any other names used: _____

Date of Birth: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Message can be left at this #: Yes No

Email: _____

Nature of Request

- I am requesting a copy of the full record.
- I am requesting copies of specific information or reports from the client record. Please list:

Thunder Bay Counselling requires up to a maximum of thirty (30) days to respond to requests for client records. We will contact you by telephone or email if additional information is required and when the documents are ready for you. Documents will need to be picked up at the Centre and identification will be required to release the documents to you.

By submitting this form, I confirm that I am the individual to whom the information relates. I further provide my express consent to the release of the information identified above.