



Record Request

Date of Request: _____

Client Name: _____ Client DOB: _____

Person Requesting: _____ Phone: _____

Agency: _____ Email: _____

Reason for Request: _____

Information Requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Treatment Plan(s) | <input type="checkbox"/> Psychiatric Progress Note |
| <input type="checkbox"/> Monthly Reports | <input type="checkbox"/> Bio-psychosocial | <input type="checkbox"/> Medication Logs |
| <input type="checkbox"/> TCM Notes | <input type="checkbox"/> TCM Service Plan | <input type="checkbox"/> 5339 |
| <input type="checkbox"/> Other: _____ | | |

Records to be provided to:

Name: _____ Agency: _____

Address: _____

Phone number: _____

Fax Number: _____

Email Address: _____

**** Records will not be released to a third party without a current, HIPAA compliant Release of Information authorization, along with the legal paperwork to support the authorizing signature.**

- Release On File Release Attached

Families First of Florida (FFF) will send/provide Electronic Health Information (EHI) in a secure manner, however if the client or the client's personal representative who has been granted the authority to make healthcare decisions asks FFF to send EHI to an unsecure destination/device then FFF cannot be held liable for third party release or redisclosure.

Please email the completed form to records@familiesfirstfl.com or fax to (813) 354 – 2416 Attn: Records

Telephone Number (813) 290-8560 (Choose Your Service Center Accordingly)

Fax Number for Records Requests (813) 354-2416

www.familiesfirstfl.com