



Send Request via email to medicalrecords@abtrs.com or fax to 888-359-6422.

Questions? Dial direct 602-888-7878

MEDICAL RECORDS REQUEST FORM

Name of Client: _____ Date of Birth: _____

I, _____, hereby authorize an exchange of information between: **A BETTER TODAY RECOVERY SERVICES.....AND**

Name _____ Relationship _____

Address _____ Phone # _____

Fax #: _____ Email: _____

The purpose or need for such disclosure:

- Court FMLA
- Treatment Center Personal Physician
- Disability Other: _____

*******AT LEAST ONE BOX MUST BE CHECKED IN ALL THREE SECTIONS*******

Information shall be limited to the following types of information:

- 1.**
- Medical History & Physical Discharge Summary
 - Medical Notes Biopsychosocial
 - Labs Treatment Plan
 - Certificate of Completion

If you have other document needs, please contact Medical Records at: 602-888-7878

And transmitted in the following fashion:

- 2.** Written Verbal Audio Video Electronic

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This consent expires automatically as described below:

- 3.** 6 months One year or other date _____

Executed this _____ day of _____, 20____.

Signature of client

Date

Signature of Witness

*Federal Register, DHEW, Confidentiality of Alcohol and Drug Patient Records (42 CFR Part 2, Subpart C, sec2.31)

** Records requests for medical or mental health continuation of care will be at no charge. Clients may receive one copy of their records for personal use at no charge (records must be requested by client and sent to client). Additional requested copies will be charged a fee: up to 200 pages -\$25; 201 pages or more- \$75. Fee must be received before records are released.

*** Fulfilling medical records request can take 21 business days.