County of Santa Cruz Behavioral Health
1400 Emeline, Santa Cruz, CA 95060 (831)454-4170
bhrecordrequest@santacruzcountyca.gov

CLIENT REQUEST FOR ACCESS / COPIES OF BEHAVIORAL HEALTH RECORDS

DATE OF REQUEST: _____/_____/_____

CLIENT NAME: _____
Last *First* *Middle Initial*

DATE OF BIRTH: _____/_____/_____ (required) AVATAR#: (if known) _____

Requester: ☐ Client **or** ☐ Parent/Legal Guardian / ☐ Conservator (Verification required)

BH Clinical staff: *My signature here confirms that I have assessed this 12-17 year old minor and determined the minor* ☐ *does* ☐ *does not have the capacity to authorize the release of her/their/his protected health information.* _____/_____
BH Staff Signature/Date

I hereby request Santa Cruz County Behavioral Health Services to provide records: (check box)

☐ PAPER COPY	Hard Copy Fees: There can be up to a $.25 cents per page charge for records.
☐ DIGITAL COPY (SECURE EMAIL)	Digital Copy Fees: There may be a $16.00 per hour fee for staff time to download / prepare records.
☐ ACCESS TO RECORDS	You will be contacted within five (5) working days to set up an appointment Monday – Friday, 8:30am to 4:30pm to review your records with County staff. One representative of your choice can accompany you.

**Fee waiver may apply to waive costs associated with provision of records with proof of financial hardship.*

I specifically authorize release of the following confidential records: [Specify date range]

☐ Mental Health Treatment: from _____ to _____

☐ Substance Use Disorder Treatment: from _____ to _____ [Required]

☐ Assessment/Evaluation ☐ Diagnosis ☐ CANS/ANSA ☐ Treatment Plan ☐ Medication List
☐ Psychiatry/Medication Notes ☐ Discharge Summary ☐ General Progress Notes
☐ Other (Describe): _____

Authorization expires after client records are inspected or released, no later than 15 business days after signature date. Future requests require separate authorization.

Records released to:

NAME: _____ PHONE: (____) _____
First Name *Last Name* *Middle Initial*

ADDRESS: _____
STREET *APT.* *CITY* *STATE* *ZIP*

Digital delivery email address: _____

SIGNATURE: _____ DATE: _____

Send records requests to: bhrecordrequest@santacruzcountyca.gov or
SCBH Custodian of Records, 1400 Emeline, Bldg. K, Santa Cruz, CA 95060-1976