

CLIENT RECORD REQUEST FORM

Please email the completed form to records@baetherapy.com or fax to (310-406-1531 ATTN: Records Request. For questions, call us at (310) 406-1500.

Please allow up to 10 business days to process your request.

Full Name	Date of Birth
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Name of Person Requesting Records	Relationship to Client
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Phone Number	Email Address
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Select the type(s) of records you are requesting

- | | | |
|----------------------------|----------------|------------------------|
| Progress Reports | Treatment Plan | Other (please specify) |
| Behavior Intervention Plan | Session Notes | _____ |
| Initial Assessment (FBA) | Authorizations | |

Date Range for Records (if applicable):

Delivery Method

- | | | |
|--------------------|------------------|------------|
| Secure Email (PDF) | Mailed Hard Copy | Secure Fax |
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Send records to (fill out applicable information below):

Full Name	Email
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Phone	Fax
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Address

City	State	Zip Code
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Client records may only be requested by a parent, legal guardian, or authorized representative. By signing below, you confirm that you are authorized to make this request and that the information provided is accurate.

Signature: _____

Date: _____