Clinical Document Request Form

I, ____________________________ (individual requesting information), have requested from the California State University, Long Beach Speech and Language Clinic documents pertaining to _____________________________________________ (client’s name). I understand that I, the recipient, am responsible for protecting the client's privacy. I will not hold the clinic responsible for possible redisclosure of information if the documents are misplaced. I understand that I will be charged a processing fee of $0.25 per page.

Indicate the information that is being requested:

☐ Assessment Report
☐ Therapy Plan
☐ Progress Report
☐ Other: ____________________________

Relationship to the Client: ____________________________

Contact Information: ____________________________

Print your name: ____________________________ Date: ________________

My signature below indicates that I have received the requested documents.

Signature: ____________________________ Date: ________________

Print your name: ____________________________

Revised 9/9/18