



1400 North Semoran Boulevard Suite E, Orlando, FL 32807 || Phone: (407) 823 – 8421 || Fax: (407) 823 – 8195

DOCUMENT REQUEST FORM: FOR MEDICAL RECORDS

****ALL REQUESTS TAKE A MINIMUM OF 8 - 12 BUSINESS DAYS, OR LONGER DEPENDING ON REQUEST. ****

This form can be submitted in person at CCS or via e-mail at qa@compasscounselingfl.com

Today's Date: _____ Client Name: _____

Date of Birth: _____ Phone: _____

Parent/Guardian Name (if minor): _____

PLEASE SELECT OPTIONS BELOW:

Client Confirmation Letter: Addressed ONLY to client/parent guardian; includes diagnosis, dates of medication and therapy initial and recent evaluations at CCS, last and next appointments, and updated medications. CCS does NOT e-mail this document. FREE, no printing fees.

To receive Client Confirmation Letter:

- Please upload to my "Patient Portal." Needs e-mail address: _____
- I will pick-up in CCS office.
- Please mail via U.S. postal mail to this address: _____

Copies of Medical Records (check all that apply):

- Recent Psychiatric/Medication Evaluation Medication Progress Notes (months?): _____
- Psychiatric Discharge Summary Laboratory Test Results Psychological Evaluation/Testing
- Therapy/Counseling Assessment with Treatment Plan Therapy/Counseling Discharge Summary
- Other (specify): _____

To receive copies of my medical records(s):

- Please upload to my "Patient Portal." Needs e-mail address: _____
- I will pick-up printed document(s) AND pay printing fees in-person at CCS office.
- I want CCS to fax to another provider/agency. (PLEASE COMPLETE SEPARATE Release/Authorization form.)

If CCS prints a document from your medical record, you will **pay \$1 per page for the first 25 pages, .25 cents per additional page.** Lawyers are billed for the records they request. Social Security sends requests directly to CCS. To protect confidentiality, CCS does NOT email records.

My signature below indicates the following: I understand that requests **take a minimum of 8 to 12 business days** or longer depending on request. I understand that there may be a fee for the document and **agree to pay all fees before** receiving it. I also understand that the requested documentation may contain personal and sensitive information and agree to the release of this information as requested. I am responsible for maintaining the privacy of these documents once I receive them.

Client or Parent/Guardian Signature: _____ Date: _____

-----**CCS STAFF ONLY:**-----

Request Received By: _____ Date: _____ Received: In-person OR E-mail
Client Attached Authorization?: Yes or No (Scan/Upload the Release/Authorization as a separate document in Chart)



DOCUMENT REQUEST FORM: FOR SPECIAL FORMS

****ALL REQUESTS TAKE A MINIMUM OF 8 - 12 BUSINESS DAYS, OR LONGER DEPENDING ON REQUEST. ****

This form can be submitted in person at CCS or via e-mail at qa@compasscounselingfl.com

Today's Date: _____ **Client Name:** _____

Date of Birth: _____ **Phone:** _____

Parent/Guardian Name (if minor): _____

CCS DOES NOT COMPLETE SEVERAL FORMS, including but not limited to: Guardianship Forms; Short-term/long-term disability forms; Emotional Support Animal (ESA) letters; Housing Documents; Questionnaires from lawyers offices for disability purposes; Worker's Compensation; Driving License Approvals; Loan Forgiveness Forms; Clearance for Spinal Stimulator or Pain Pump. Please consult for full list.

PLEASE CHECK BELOW: (= CCS charges fees/\$)**

(K-12th grade) School Forms for Medications or Education Accommodations (1 page-free)
(Client must attach separate Release/Authorization for school.)

(K-12th grade) Homebound Instruction Form or Other Forms (2-3 pages)**
(Client must attach separate Release/Authorization for school.)

Forms and/or Letters for Colleges/University (1-2 pages)**
(Client must attach separate Release/Authorization for university/college.)

Jury Duty-Medical Excuse Form (from county's court house)**
(Client must attach Jury Summons/Letter. Court requests at least 10 days prior to service date.)
(Client must attach separate Release/Authorization for courthouse.)

Clearance Letter for Bariatric Surgery & Evaluation **
(Requires psychological evaluation at CCS. Self-pay only.; Requires releases for surgeon and primary doctor.)

N648 Form for Medical Certification for Disability Exception for Immigration & Evaluation**
(Requires psychological evaluation at CCS. Self-pay only.; Requires release for U.S. Dept of Homeland Security.)

Family Medical Leave Act (FMLA) Form from current employer**

OTHER FORM:** _____

My signature indicates the following: I understand that CCS **does NOT consider or complete all forms** requested. I also understand that I am responsible for inquiring about **the fees** and that payment must be submitted **before** receiving any document/form. Additionally, some forms **may take a minimum of 8-12 business days or several weeks (depending on type) and/or require additional appointment.** These forms are reviewed by Medical Records, the Providers, and/or Administration. **The results/outcomes of completed form are not guaranteed. No refunds.** My signature also represents that I understand that the requested documentation may contain personal and sensitive information and agree to the release of this information as requested. I am responsible for maintaining the privacy of these documents once I receive them.

Client or Parent/Guardian Signature: _____ **Date:** _____

-----CCS STAFF ONLY:-----

Request Received By: _____ **Date:** _____ **Received:** In-person OR E-mail
Client Attached Authorization?: Yes or No (Scan/Upload the Release/Authorization as a separate document in Chart)