



Orlando Office  
1400 North Semoran Boulevard Suite E, Orlando, FL 32807  
Phone: (407) 823 - 8421 / Fax: (407) 823 - 8195

Kissimmee Office  
201 Ruby Avenue Suite B, Kissimmee, FL 34741  
Phone: (407) 933 - 1847 / Fax: (407) 933 - 1849

**DOCUMENT REQUEST FORM: MEDICAL RECORDS**

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

**Today's Date:** \_\_\_\_\_ **I receive services in CCS:**  Kissimmee **OR**  Orlando

**Client:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**I am requesting a Client Confirmation Letter:** (addressed ONLY to client; diagnosis, dates of evaluation, last appt)

(\*FREE, no printing fees.)

**To receive this document:**

Please upload to my "Patient Portal." Needs e-mail address: \_\_\_\_\_

I will pick-up in:  Orlando **OR**  Kissimmee.

**I am requesting the following document(s) from my Medical Record (check all that apply):**

Recent Psychiatric 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): \_\_\_\_\_

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 receive this document(s):**

Please upload to my "Patient Portal." Needs e-mail address: \_\_\_\_\_

I will pick-up printed document(s) AND pay printing fees in:  Orlando **OR**  Kissimmee.

I want CCS to send it via fax to this provider/agency below (Requires Release/Authorization!):

**PERSON/AGENCY/CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**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:**  ORL or  KISM

**Attached Authorization?:**  Yes or  No (Scan/Upload the Release/Authorization as a separate document in Chart)



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**DOCUMENT REQUEST FORM: SPECIAL FORMS & ASSESSMENTS**

Today's Date: \_\_\_\_\_ I receive services in CCS:  Kissimmee **OR**  Orlando

Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

**My signature below 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 and the Providers. **The results/outcomes of completed form are not guaranteed. No refunds.**

**PLEASE CHECK  BELOW:** I am requesting that CCS consider completing the following: (\*= Has fees)

**NEED RELEASE FOR SCHOOLS AND COURTHOUSES:**

- K-12th grade School Forms for Medications or Education Accommodations (1 page)
- \*K-12th grade Homebound Instruction Form or Other Forms (2-3 pages)
- \*Forms and/or Letters for Colleges/University (1-2 pages)
- \*Jury Duty-Medical Excuse Form (from the county's courthouse) (Must attach Jury Service Letter)

**NEED RELEASE FOR EMPLOYERS OR REQUESTING AGENCY:**

- \*Short Term/Long Term Disability Form for mental health (cost varies by page amount)
- \*Worker's Accommodations Forms and Other Employer Forms\*
- \*Family Medical Leave Act (FMLA) Form\*

**NEED RELEASE FOR SURGEON/MEDICAL PROVIDER REQUESTING CLEARANCE:**

- \*Bariatric Assessment & Clearance Letter (and/or form)\*
- \*Spinal Cord Stimulator Assessment & Clearance Letter (and/or form)\*
- \*Pain Pump Assessment & Clearance Letter (and/or form)\*
- \*Emotional Support Animal (ESA) Assessment & Letter (w/ housing form) -NOT travel, cats & dogs only\*
- \*(Immigration) N-648 Medical Certification for Disability Exceptions Form (2 payments)  
(CCS needs to make copies of IDs/Social Security/Resident Card/Passport) includes self-pay Psychological Evaluation; must come to Orlando office for evaluation)
- \*Other form: \_\_\_\_\_

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:  ORL or  KISM

Explained Fees?:  Yes or  No Collected initial payment?  Yes or  No

Attached Release/Authorization?:  Yes or  No (Scan/Upload the Release/Authorization as a separate document in Chart)