OnPoint
Caring for Allegan County

REQUEST TO INSPECT AND/OR RECEIVE COPIES OF CLINICAL RECORD
(For requests from recipient, guardian, or parent of a minor)

CLIENT INFORMATION	**REQUESTOR INFORMATION**
Name: _____	**Name**: _____
Birthday: _____ **Case Number**: _____	**Relationship to Client**:_____
Address: _____	**Address**: _____
City, State: _____ **Zip**: _____	**City, State**: _____ **Zip**: _____
Phone Number: _____	**Phone Number**: _____

I am requesting:

☐ A Copy of Clinical Record(s): ◯ I will pick them up ◯ Please mail them to me
☐ Review of records with an OnPoint Employee

I am requesting a copy and/or review of the following OnPoint records:

☐ Assessments
☐ Person Centered Plans/Treatment Plans
☐ Progress Notes/Service Notes/Logs
☐ Psychiatric Evaluations
☐ Psychological Tests/Reports
☐ Medication
☐ Lab Results
☐ Inpatient Hospitalization Pre-Screen
☐ Discharge Documentation
☐ Work-Related Information
☐ Information Related to Benefits or Insurance
☐ Other_____

For the following time period/dates: _____ to _____

The first 50 copied pages are provided free of charge. If more than 50 pages are requested, I understand that I will be charged 45 cents per additional page. Pre-payment may be required.

Consumer/Guardian/Parent Signature: _____ **Date**:_____

Director of Program Operations or Designee Approval:_____
Date:_____

For Office Use Only:

Request completed on:___/___/___ by:_____
Comments:

3.6.24