

Medical Records Request Form

Directions: Please complete the following form in its entirety when requesting medical records for a patient who has or is receiving care from MIND 24-7.

Do you have a signed **Release of Information** on file? If not, please complete one and submit it along with this request. You can access the Release of Information form here: [insert link]

Please also include **proof of identification** such as a picture of your driver’s license, proof of agency employment, a copy of a Power of Attorney, or other forms of Guardianship papers.

Name of the Requestor:	<i>Please enter your first and last name</i>
Requestor’s relationship to the patient:	<i>For example: Parent, Guardian, Provider, Case Manager, etc.</i>
Requestor’s email address:	<i>Please enter an email address in case we need to contact you</i>
Requestor’s phone number:	<i>Please enter your best contact phone number</i>
Preferred Method of Contact:	<i>Please let us know the best way to reach you if we have questions about your request</i>
Patient Name:	<i>Please enter the first and last name of the patient</i>
Patient Date of Birth:	<i>Please enter in the following form: MM/DD/YYYY</i>
Dates of Service being requested:	<i>Please enter in the following form: MM/DD/YYYY – MM/DD/YYYY</i>
Type of records needed:	<i>For example: discharge summary, psych eval, medical eval, etc.</i>
How do you want to receive the information?	<i>For example: Email, Fax, Mail, In-person pickup/clinic location, etc.</i>

Your request for medical records will be completed within two business days. If we have any questions about your request, we will reach out to the contact information provided above. Please note that a missing information may cause a delay with the request being processed.

If you have any questions, please contact us by calling 1-844-MIND247 or by emailing us at medicalrecords@mind24-7.com.

Have a great day!
Your MIND 24-7 Customer Experience Team