**CLIENT REQUEST FOR CASE FILE RECORDS**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative’s Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone / e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone / e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Client), request a copy of the following information from my vocational rehabilitation case file.

\_\_\_\_ Entire Record for time period \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_.

OR

\_\_\_\_\_ Application for Services \_\_\_\_\_ Medical / Psychological / Psychiatric/ Dental Records

\_\_\_\_\_ Intake Summary \_\_\_\_\_ Academic / College / Vocational Training Grade Reports

\_\_\_\_\_ Eligibility Determination \_\_\_\_\_ Vocational / Work Assessment Reports

\_\_\_\_\_ Individualized Plan for Employment (IPE) \_\_\_\_\_ Case Notes

\_\_\_\_\_ Job Search / Job Development Records, including Internal Job Development Team Activities Record \_\_\_\_\_ Other (Specify in detail the information to be released): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Delivery:**

**\_\_\_** Client will pick up  Check here if accessible format is required. A

\_\_\_ Mail to Client at address above Division representative will contact you.

\_\_\_ Designated Representative will pick up Phone / e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mail to designated representative at address above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to federal law, specifically 34 CFR 361.38(c)(2),

the Rehabilitation Division can withhold medical or

psychological information from a Client if it determines

the information may be harmful to the Client. In

such a case, the Division can release information to a third

party chosen by the Client.

Information previously provided: The Division will provide one copy of the case file and from that date forward will provide copies of new information only. Exceptions due to extenuating circumstances may be approved by the District Manager. Repeated failure on the part of the individual to make reasonable efforts to properly store, file or safeguard records generally will not be considered extenuating circumstances.

Information obtained from third parties: Information obtained from a third party (such as medical records received from a doctor’s office after receipt of a release signed by the Client) cannot be released to the Client or to any other party. Clients must request these records from the original source to obtain this information.

The Division may request documentation to verify the identity of the individual requesting records or as applicable, documentation that a representative requesting records is a legal representative of the individual to whom the records pertain.

Information will be released in a timely manner defined as 10 business days from the date a signed request for records form was received by the agency for non-archived records. Archived information will be requested from archives within 8 business days and provided to the individual within 8 business days of receipt of record. If information is requested in a format not readily available, the time frames may be waived by the District Manager in order to convert to the requested format. The District Manager may also make exceptions to the above time period if additional time is needed to verify the identity or signature of the requestor of records.

Request expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

34 CFR 361.38(c)(3), 34 CFR 367.69 and 367.70

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Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Representative Signature (if applicable) Date

Note: An individual’s representative must be his or her legal

guardian or court appointed representative; or there must be a current Designation of Individual’s Representative form signed by the Client and representative.

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| --- |
| For Division Use only:  Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |