FRONTIER BEHAVIORAL HEALTH
509.838.4651 107 S Division, Spokane WA 99202 www.fbhwa.org

Individual Request for Records

FRONTIER BEHAVIORAL HEALTH

Name:_____ Date:_____

Phone:_____ FBH ID#:_____

Social Security Number:_____ Date of Birth: _____

Address: _____

_____

☐ All Records
☐ Specific Information: _____

_____

_____

Please indicate (by initialing below) whether you would like to:

_____ Inspect your records

_____ Obtain a copy of your records

☐ I will pick my records up

☐ I would like my records mailed to this address:

_____

_____

_____

We have 15 working days from the date of receipt to complete this request or to take other administrative action.

Please sign this Request Form and send it back to us. Please be aware that you may be asked to provide identification prior to any record inspection or release.

SIGNATURE: _____ **DATE**: _____

If the individual is 12 years of age or younger, or is a dependent adult, a Parent or the Legal Guardian must sign:

SIGNATURE: _____ DATE: _____
Parent/Legal Guardian/Representative

PRINTED NAME: _____ RELATIONSHIP: _____