

Record Retrieval On Your Own Behalf

Name: _____ Date: _____

☐ I am picking up a copy of **my own records**.

Verification of Member's Identity

Members must present ID in order to obtain requested records. The following are **all valid forms of identification**:

- | | |
|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Employee or Military Identification | <input type="checkbox"/> Any other official photo identification |

CBH will make a photocopy of your ID and keep it in your records along with this form.

Administrative Use Only

Information Verified By: _____ Date of Verification: _____

Title: _____

Record Retrieval On Another's Behalf

Name of Requestor: _____ Date: _____

☐ I am picking up records **about another individual** (not my own records). I am:

- ☐ The parent of a minor (under age 14) and I am picking up their records (birth certificate or medical record indicating parent-child relationship).
- ☐ The parent of a child who is between the ages of 14-17 and I am picking up records related to their treatment where I provided consent (birth certificate or medical record indicating parent-child relationship).
- ☐ A legal guardian and have documentation supporting my rights as a legal guardian.
- ☐ A Personal Representative and have documentation supporting my rights as a Personal Representative.
- ☐ Power of attorney for this individual and have documentation supporting my rights as power of attorney.
- ☐ Other: _____

Verification of Identity of Individual Picking Up Records

Members must present ID in order to obtain requested records. The following are all valid forms of identification:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Photo Identification | <input type="checkbox"/> Supporting Documentation Granting Authority | <input type="checkbox"/> Phone Number |
|---|--|---------------------------------------|

*Individuals must present ID to obtain requested records. All valid forms of identification are listed above.**(Court Order, Guardianship, Health Care Power of Attorney, etc.) Please note that CBH will retain a copy of your supporting documentation.*

Confirmation Information (Email or Address): _____

Administrative Use Only

Information Verified By: _____ Date of Verification: _____

Title: _____