



Recovery Counseling Center, LLC
7211 Park Heights Avenue, Suite 4
Baltimore, Maryland 21208 443-681-9150
Fax: 1-877-715-7229 Email: office@rccbaltimore.com

Record Request

Please email, mail or fax the completed form to the address above.

Date: _____

Client's Full Name: _____

Phone: _____

Email: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Carrier: _____

Dates of Service: _____

Clinician seen: _____

Reason for request: _____

Record requests must be sent to us in writing. They take up to 30 days to process from the day that this fully completed form is received. Records can only be sent to the client or guardian directly and not to a third party. The information you provide below must be your personal fax, email or mailing address.

I hereby request for my records to be sent to me via (check one):

Fax number: _____

Email: _____

Mail: _____

I will pick up in person, call me at: _____

I hereby request a copy of my records and understand the risks of sending my sensitive information via phone, fax, email or print and accept that upon myself and release Recovery Counseling Center, LLC of any liability.

Print Name: _____

Signature: _____ **DATE:** _____

Please fax to: 1-877-715-7229 or email: office@rccbaltimore.com
Attention: Records

Thank you