

**County of San Bernardino  
Department of Behavioral Health**

**Access to Medical Records Request**

(Return completed form to: MEDICAL RECORDS OFFICE, 850 E. FOOTHILL BLVD, RIALTO, CA 92376)

**To release information to:**

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

Phone Number: \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

If you are not the consumer, state your relationship to the consumer\*:

\_\_\_\_\_

**\*Please furnish a copy of papers of legal appointment, court order or notarized will with this request if applicable.**

**CONSUMER INFORMATION**

Name: \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Consumer Birth Date: \_\_\_\_\_ SSN # (Optional): \_\_\_\_\_

Phone: \_\_\_\_\_

**ACCESS/COPY REQUEST INFORMATION**

I wish to:     Access (read and review)         Receive a copy         Receive a summary

Regarding:        Mental Health                      Substance Use Disorder (SUD)

Describe the information you want to access:

Diagnosis     Prognosis     Progress Notes     Medication     Side effects of Meds RX

Dates of Treatment     Evaluation/Assessment     Lab Reports     Medical History-Evaluations

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OTHER: Please specify "other" information and the specific purpose for which it is needed:

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Date(s) of information you want access (e.g., date of office visit, treatment, or other health care services)

From: \_\_\_\_\_ To: \_\_\_\_\_

- We will inform you of the cost of your copy before we make the copy and verify that you agree to pay for the copy.  
How would you like us to inform you (pick one):  phone  letter
- In exceptional circumstances, we will notify you within 15 days if we need additional time to respond to your request.
- In specific circumstances, we may deny access to your PHI, or to a portion of your PHI.
- If we deny access, we will return this form to you with our written reasons for denying access, and explain your review rights.

Signature of <input type="checkbox"/> consumer or <input type="checkbox"/> legal representative	Date
Witness	Date

**CONFIDENTIAL CONSUMER INFORMATION**

The treating physician, psychologist, LCSW or LMFT will sign if approval is needed under the Lanterman-Petris-Short Act (California W&I Code Section 5328). 42 Code of Federal Regulations, Part 2.

**Please copy/print on white paper only.**