



RECORDS RELEASE REQUEST

Submit Request to compliance@gobhi.org

Name of the Individuals Records Requested:

Name of Person Making Request (If Different):

Date of Birth of the Individuals Records Requested:

Dates of Services:

Date of Records Request:

Service Type:

Applied Behavioral Analysis (ABA)

Positive Parenting Program (Triple P)

Foster Care

Care Coordination

Non Emergent Medical Transport (NEMT)

CCO Records

Other:

Relationship to Individual:

Self

Guardian

Other

Evidence of Proof of Right to Records Verification: (Please include with this form)

Government Issued Identification

Proof of Guardianship if applicable

Court Order / Subpoena

Legal Team Request

Type of Records Requested:

Progress / Treatment Notes

Treatment / Service Planning

Assessments

Incident Reports

Authorizations and NOABDs

Delivery Type Requested:

Electronic Mail

Standard Mail

Specific Address:

Signature of Individual Requesting Records

Date Signed