

**TILLAMOOK FAMILY COUNSELING CENTER  
ACCESS REQUEST FORM**

<b>Patient's Name:</b>	
	Last <span style="margin-left: 150px;">First</span>
<b>Mailing Address:</b>	
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span>
<b>Phone:</b>	_____
	<b>Date of Birth:</b> _____

**I hereby request that Tillamook Family Counseling Center provide:**

- Access to **OR**
- A copy of the "Requested Information" checked below:
  - Mental health records
  - Chemical dependency records
  - Billing records
  - Any other personally identifiable information used by Tillamook Family Counseling Center.

**Please check ONE of the boxes below:**

- I am only interested in accessing or obtaining a copy of Requested Information relating to the time period \_\_\_\_\_ through \_\_\_\_\_.
- I am interested in accessing or obtaining a copy of all Requested Information maintained by Tillamook Family Counseling Center.

I understand that Tillamook Family Counseling Center may deny this request under limited circumstances as provided for under state and federal law protecting the privacy of health information. I further understand that, except as otherwise permitted under applicable law; I have the right to have a denial of my request reviewed by a licensed health care practitioner selected by Tillamook Family Counseling who did not participate in the Tillamook Family Counseling Center's decision to deny my request.

