



Green Chimneys Children's Services/ Green Chimneys School Request for Access to Health or Educational Information

Client Name:

Date of Birth:

Name and Relationship of Person Making Request:

Address of Person Making Request:

Phone Number of Person Making Request:

Please describe the information you want access to (include dates and details):

Discharge records

Educational records

Medical records

Specific records (please indicate):

Please indicate how you would like to obtain access to this information (Note: fees may apply):

Copy of records

Inspect records on premises

If you have requested a copy, please indicate how you would like the copy provided:

Mail

Fax

Secure email

Pick up at our office

Please note that if you request an inspection, we will contact you to arrange a date and place for the inspection. If you ask to pick up copies at our office, we will contact you to let you know when and where the copies will be available.

If you request copies we will charge you a fee to cover our costs. If you cannot afford the copying charge, you may ask us to provide copies at no cost. Our Privacy Officer will review all such requests. If you ask us to prepare a summary or explanation of the records, we will contact you in advance to give you an estimate of any fees that may be charged for the summary or explanation. When we give you this estimate, you can let us know whether you would still like us to prepare the summary or explanation.

Signature of Client or Personal Representative:

Date:

Please submit this form to:
Privacy Officer
Green Chimneys Children's Services
400 Doansburg Road, Box 719
Brewster, NY 10509