

REQUEST FOR ACCESS TO HEALTH AND EDUCATIONAL INFORMATION

Purpose for this Request to Access Form

This form is used to request health and/or school records from Green Chimneys. You can fill out this form if you are:

- A parent or legal guardian of the person whose records are being requested
- Someone with power of attorney for that person
- An eligible student requesting their own records

By signing this form, you are confirming that:

- You have the legal right to ask for these records
- You understand that this information is private and sensitive
- You will keep this information confidential and not share it with anyone who is not authorized to see it

This form does not cover spoken or verbal conversations.

Green Chimneys is required by law to protect health and school records. This form helps us make sure information is only shared with the right people.

Prefer to sign online? Email us at jcarvalho@greenchimneys.org and we will send you a digital copy of this form through Adobe Sign. You can fill it out and sign it on your computer, tablet, or phone.

***Please note that IEPs and Official Transcripts must be requested from the client's school district. ***

Please complete all parts of this form and submit via email to apereira@greenchimneys.org

Or mail to: Quality Improvement Office
Green Chimneys
400 Doansburg Road
Brewster, NY 10509

For any questions, please email apereira@greenchimneys.org.

CLIENT INFORMATION

Client Name and Date of Birth	
Program	<input type="checkbox"/> RTC <input checked="" type="checkbox"/> TDS-B <input type="checkbox"/> TDS-C <input type="checkbox"/> Other: _____
Your Name (parent/guardian/power of attorney)	
Your Relationship to the Client (for power of attorney, send documentation to apereira@greenchimneys.org)	
Your phone number and email	
Start Date: The earliest date of the records or information you want to share	

I. REASON FOR THIS REQUEST?**II. WHAT INFORMATION ARE YOU REQUESTING?**

Discharge Records	<input type="checkbox"/> Psychiatric Treatment Summary (RTC only) <input type="checkbox"/> Social History Update <input type="checkbox"/> Education Discharge Teacher Report
Educational Records	<input type="checkbox"/> Report Card <input type="checkbox"/> Psychoeducational Report <input type="checkbox"/> Attendance <input type="checkbox"/> OT/Speech Notes/Evaluations <input type="checkbox"/> Related Services Reports <input type="checkbox"/> FBA/BIPs
Medical Records	<input type="checkbox"/> Psychiatric Notes <input type="checkbox"/> Doctor Visits/Consults/Labs <input type="checkbox"/> Annual Physical <input type="checkbox"/> Medication Records <input type="checkbox"/> Immunization Record
Other	<input type="checkbox"/> Incident Reports <input type="checkbox"/> Comprehensive Treatment Plans
Specific Records (please indicate)	

IV. HOW WOULD YOU LIKE COPIES PROVIDED?

- Mail (*May include postage costs*) Secure Email (*Depended on size of record*)
- Fax Pick up at Green Chimneys

V. PLEASE READ BEFORE SIGNING

My signature below indicates that I understand the following:

1. This request is made solely to access records as permitted under:
 - a. FERPA (education records), and/or
 - b. HIPAA (medical and clinical records)
2. An eligible student/youth is defined as a student who has reached 18 years of age or is attending an institution of postsecondary education.
3. I understand this request:
 - a. Does not authorize disclosure to third parties
 - b. Is limited to my own records or my child’s records
 - c. Does not permit redisclosure
4. I understand that:
 - a. Access will be provided within 45 days under FERPA; 30 days under HIPAA
 - b. Certain information may be redacted as permitted by law (e.g., third-party information, safety concerns)
 - c. Records subject to other laws (e.g., Justice Center investigative records) may not be accessible through this request
 - d. Reasonable copying fees may apply, where permitted
5. Diplomas, Official Transcripts and IEPs (post discharge) must be obtained from home district.
6. If a request for an inspection is made, a representative from the Quality Improvement and Compliance Office will contact you to arrange a date and place for the inspection.
7. If a request is made to pick up copies at Green Chimneys, a representative from the Quality Improvement and Compliance Office will contact you to let you know when and where the copies will be available.
8. If a request for copies is made, Green Chimneys will charge you a fee to cover 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.
9. Legal Guardians are entitled to copies of records for minors with exceptions under New York State Law. Record requests will only be fulfilled if this form is completed in FULL.
10. Records will only be released to parties other than the eligible student or the student’s parent/guardian upon submission of valid proof of power of attorney or other legally sufficient authorization

I have read and fully understand this authorization form. By signing below, I authorize GREEN CHIMNEYS to use and/or disclose any protected health information consistent with the terms of this authorization.

Name of Personal Representative

(Parent or Legal Guardian- if applicable): _____ **Date:** _____