



innovative services for mental health, developmental
disabilities and substance use disorders

a better life, a better community

Medical Records Request

I, _____ (Please print full name)
request a copy of my _____
(assessment, release summary, or complete record)
from my Region Ten CSB medical record. My date of
birth is _____.

Signature: _____

Date: _____

Phone Number: _____

Address: _____

Cost for Copying Charts

First copy is provided free of charge. There is a fee of
.50 cents per page for pages 1-50 and .25 cents per
page for pages 51 and up. There is also a \$10.00 search
fee.