



Integrated Care Concepts & Consultation

New Jersey's Premier Mind/Body Service Provider

J. Larry Thompson
LCSW, Founder

Seth A. Arkush
MBA, LCSW, Partner

Medical Records Request Form

At Integrated Care Concepts and Consultation, we are dedicated to all aspects of your mental health treatment and care. As part of our commitment, it is often helpful for us to provide medical records to schools, camps, other health providers, state agencies and other entities. To fulfill this request please indicate below what medical records you are requesting. To ensure best practice, confidentiality and the therapeutic relationship ICCC will provide the minimum amount of information to protect your privacy.

Please mark an X next to each document being request from medical records:

- Summary of Psychiatric Services
 - Summary of Therapy and or Mind-Body Services
 - Provider/Doctor Intake Assessment
 - Discharge Summary from ICCC services
 - Therapy Intake for Partial Hospitalization and/or Intensive Outpatient Services
 - Discharge Summary from Partial Hospitalization and/or Intensive Outpatient Services
 - Summary of Therapeutic Progress Report
 - other, please describe
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Who would you like ICCC to send this request to: Self or Other

- Name of Person and or Company _____
- Address _____
- Phone Number _____ Email _____
- Fax Number _____

I understand that I also need to complete a release of information for my records to be sent to a provider and/or facility outside of Integrated Care Concepts & Consultation. Without a release of information, records cannot be sent as it is a violation of HIPAA.

Client Signature: _____

Parent/Guardian signature (if appropriate): _____

Date of request: _____

Staff Signature of Receipt: _____

Date of Fulfilled Request: _____

www.integratedcareconcepts.com Phone: 732.389.0697 Fax: 732.389.0611

Main Office: 615 Hope Road | Building 5B; 2nd Floor, Eatontown, NJ 07724