



Community Integrated Health Services

Request for Personal Behavioral Health Records

You have a right to request and receive a copy of your behavioral health records and be told the cost for copying (see Washington Administrative Code 182-538D-0680). There will be no charge for the first copy of your records. Although regulations allow 30 days to respond to requests for records, we will attempt to complete your request as quickly as possible. Please follow the instructions below.

Instructions:

- Complete this Request for Personal Behavioral Health Records form.
- If this request is being made by someone other than the individual in services, please attach proof of your authority to act on their behalf, and indicate your relationship to the individual.
- Submit this referral form and any attachments in person or via:
 - Email recordsrequest@cihealthservices.com
 - Fax: (844) 554-3370 or (360) 748-4480
 - Postal Mail (see last page for mailing addresses.) Attention: Records Request, Community Integrated Health Services

Individual in Services Information (please print):

First Name:	Avatar ID:
Last Name:	
Date of Birth:	
Phone Number:	
Address:	
	City: Zip:
Preferred Method of Delivery:	<input type="checkbox"/> Mail <input type="checkbox"/> Pick up in person <input type="checkbox"/> Other:
	<p>Information being requested (please initial):</p> <p> <input type="checkbox"/> Assessment/Diagnosis <input type="checkbox"/> Treatment Plan </p> <p> <input type="checkbox"/> Psychological Test Results/Evaluation <input type="checkbox"/> Discharge Report </p> <p> <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Alcohol and Drug </p> <p>Treatment</p> <p> <input type="checkbox"/> Medication/Lab Reports <input type="checkbox"/> Progress Notes </p> <p> <input type="checkbox"/> HIV/AIDS and STD results, diagnosis or treatment records (per RCW 70.02.220) </p> <p> <input type="checkbox"/> Other (specify): _____ </p>

Signature of individual in services, legal guardian or authorized representative:

Date: _____

Relationship to individual in services: _____

Community Integrated Health Services Mailing Addresses:

Cowlitz County: 1116 14th Avenue, Longview, WA 98632

Cowlitz County: 1128 Broadway, Longview, WA 98632

Grays Harbor County: 618 W. Market Street, Aberdeen, WA 98520

Grays Harbor County: 110 W. Market Street, Suite 205, Aberdeen, WA 98520

Lewis County: 1707 Cooks Hill Road, Centralia, WA 98531

Lewis County: 1616 S. Gold Street, Centralia, WA 98531

Lewis County: 1720 S. Gold Street, Centralia, WA 98531

Pacific County: 335 Third Street, Raymond, WA 98577

Pacific County: 152 First Ave North, Ilwaco, WA 98624

Wahkiakum County: 427 Columbia Street, Cathlamet, WA 98612

For questions about the status of records please contact the CIHS Medical Records Officer, Crystal Rollins, at crollins@cihealthservices.com or 360-669-6009.