



# Lesley Hayes, LCSW

## Records Request

Complete one request per client and complete this form in its entirety. If the client is a minor, additional information may be requested for identity.

### About the individual requesting documents

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Request Details

Client Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

### Documents Being Requested:

\_\_\_\_ Entire File \_\_\_\_ Attendance History \_\_\_\_ Letter from Therapist

\_\_\_\_ Progress Notes \_\_\_\_ Treatment Plan \_\_\_\_ Other

### For client protection:

Lesley Hayes, LCSW reserves the right to withhold records based on A.R.S. § 12-2293.

Signature \_\_\_\_\_ Date: \_\_\_\_\_