

St. Clair County Community Mental Health
Medical Records – Records Request Inquiry

Instructions: This form assists staff to gather basic information about a request for medical records. This form is to be filled out completely and forwarded to Medical Records Staff.

Note: Please do not promise that the request will be processed or will be ready by a certain date. Medical Records Staff will contact the requestor to discuss their inquiry.

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Date of Request: _____

Requesting Records for:

Recipient's Name: _____

Date of Birth: _____

OASIS Case #: _____

Short Summary of Request: *(Diagnoses, Records for SSI/Disability, etc.)*

Requestor's Information:

Relation to Recipient: Self Parent/Guardian Other: *(Please specify)* _____

• If not self, Requestor's Name: _____

Phone #: _____

Please ensure that the phone number provided is correct, to prevent delay in response.

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Once this form is complete, press the "submit" button below to forward the form to Medical Records Staff. Select "Continue" when prompted in order for an email to Medical Records Staff to automatically generate. Medical Records Staff will contact the requestor within 1-2 business days.