



Request for Personal Record

I, _____, respectfully request a copy of my personal VCS file as requested below. I understand that VCS will not be held liable in the event said record is either lost, stolen and/or involuntarily divulged to another while in my care. Furthermore, I understand that VCS reserves the right exclude certain documents in the event, but not limited to, the information may hurt the respective client, contains handwritten psychotherapy notes, acts involving other individuals, etc. I also understand that VCS may not disclose any third party record that it did not produce.

I hereby request the following documents (please initial where appropriate):

_____ Entire Record	_____ Assessments
_____ Medical appointments	_____ List of Prescriptions
_____ Psychotherapy Notes (non-written)	
_____ Other: _____	

Means of Delivery:

_____ Hand Delivered at VCS office
_____ Mailed to last known address

By signing below, I hereby authorize VCS to produce a copy and deliver in the manner marked above.

Client or Guardian Signature

Date: _____

Print Client Name

Signature of Witnessing VCS Employee

Date of Delivery: _____