JuanCamiloMantillaG
Psicólogo / Psychologist

CASE HISTORY REQUEST FORM

Client Full Name: _____
Client's ID Number: _____
Phone Number: _____
E-mail: _____
Date of Request: _____
City of the Assistance: _____
Process Initiating Date: _____ Process Ending Date: _____ In progress (X) [ ]

I formally request a copy of my case record for the purpose of: _____

I understand that a physical copy of my case record will be given to me and that I must pick it up at the place, date and time indicated by the doctor. In case of requiring only the epicrisis, I will be able to request for sending it to my email. I recognize that my case history is a document of confidential character therefore I release Dr. Mantilla, from any legal, professional, and ethical responsibility for the custody and confidentiality of the information provided. I acknowledge that the doctor has acted in accordance with the agreements reached. I declare that I understand, accept and assume all risks and possible consequences of having my medical history in my custody. I understand I can be charged a reasonable fee for copying records. I may also be charged for postage if I ask records to be mailed to me. I comprhend Dr. Mantilla may take 15 working days to respond to my request for records, with one 15-day extension for good reason, from the date of my request.

Signature: _____

ID Number: _____