

Form to Request a copy of the Client 's chart from the client

Please read, sign and date below showing that you , the client , are requesting a copy of your chart from the therapist Elizabeth A. Smith, LCSW who you have psychotherapy or EAP ( employee Assistance Program ) service , virtual , telehealth, or in person office services.

This form with the clients name, signed and dated , will show the request for a copy of the chart after taking part in psychotherapy or EAP ( employee assistance program) sessions with Elizabeth A .Smith LCSW, ACSW in virtual , telehealth, or office in person services

Clients have a right to their charts as stated in the Arizona State revised statutes.

Thank you,

Elizabeth A. Smith LCSW, ACSW

Client name \_\_\_\_\_printed.

Client signature \_\_\_\_\_

Today's date \_\_\_\_\_