



Medical Records Department
Stepping Stone Kids Therapy

I am writing to request access to records of my child, _____ as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations.

_____ was treated at your clinic from _____ to _____. Please include the following information regarding the care provided:

Diagnostic Reports

Evaluations/ Plan of Care

Discharge Documentation

Other: _____

I understand that I will receive a Health Care Registration Invite email from Rethink allowing me to register for access. Once I have completed registration, I will call (239) 315-6883 to make the department aware that I have registered. The requested medical records will then be deposited into a Record Request Folder within 2-3 business days.

Sincerely,

Signature

Please email completed form along with a copy of your identification to records@siskidstherapy.com.