



# innercept

Please submit this Release with one of the following forms of government-issued ID. Innercept is required by law to maintain records for a period of 7-years after a client turns 18 and then records are destroyed.

- Valid driver's license
- Valid state ID
- Valid US or foreign passport
- Valid military ID

You can send us the Release in the following ways:

Email to: [records@altiorhealthcare.com](mailto:records@altiorhealthcare.com)

## INNERCEPT RECORDS RELEASE FORM

I, \_\_\_\_\_, hereby authorize Innercept, LLC to release directly to me the following records (check all boxes below that apply) related to (check the one box that applies)

me or  \_\_\_\_\_ (name of other individual).

Mailing address/Fax Number to send records:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Your phone number for any questions we may have: \_\_\_\_\_

Reason for requesting records: \_\_\_\_\_

Any and all health records, including therapeutic treatment records;

Any and all educational records;

Other: \_\_\_\_\_

Enclosed is a copy of my \_\_\_\_\_ (fill in type of government-issued ID). By signing below, I certify the following: I am a legal adult and the individual identified above about whom the records pertain.

I certify that I am requesting my records for legal and legitimate purposes.

I understand that, depending on the volume of records being requested, Innercept reserves the right to request reasonable reimbursement for costs to recover and deliver your records. Innercept has up to 30 days to complete the request.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_