



**Alexander Youth Network**

Medical Records  
6220 Thermal Road  
Charlotte, NC 28211  
Tel: (704) 401-3494  
Fax: (704) 362-8479

**AYNMedicalRecords@aynkids.org**

**Request for a Copy of Client Records**

As a client, or legal custodian of a client, of Alexander Youth Network (AYN) you may request a copy of records. If you want a copy you must complete this form and return it to the medical records department at AYN. You may also inspect the records in person by submitting this form.

To assist us in locating the records, please provide the following:

Client's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Best contact number: \_\_\_\_\_

Please indicate the date(s) of service/treatment that you want copies of:

\_\_\_\_\_

Please indicate the specific information of which you want copies:

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether you would like to receive a copy of the records by fax or mail, or would like to inspect the records by checking the applicable box:

I would like the records faxed to me at: \_\_\_\_\_

I would like the records mailed to me at: \_\_\_\_\_

\_\_\_\_\_

I would like to pick up the records.

I would like to inspect the records in person at AYN.

I would like the records interpreted by a clinician at AYN.

\*Please indicate the client's therapist or doctor at AYN (if applicable):

\_\_\_\_\_

\_\_\_\_\_  
(Signature of client or legal custodian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Relationship, if legal custodian)