



**MONARCH COUNSELING
PLLC**

How to Request Your Health Records

Consumers may request their health records by completing the form below and submitting it by mail, fax, email, or in person. Provide your contact details, specify the records being requested, choose how you want your records delivered (electronic or paper), and sign the form.

You may submit this form via:

 **Mail:** [200 E. Cano St #420, Edinburg, TX 78539]

 **Fax:** [956-338-5622]

 **Email:** [office@monarchcounselingpllc.com] in PDF/secure attachment



**MONARCH COUNSELING
PLLC**

Client Request for Records Form

Effective Date: _____

Practice Name: Monarch Counseling PLLC

Address: 200 E. Cano St. #420

City, State ZIP: Edinburg, TX 78539

Phone: 956-381-2786

Email: office@monarchcounselingpllc.com

Fax: 956-338-5622

Website: <https://www.monarchcounseling-texas.com/>

1. Requester Information

Name of Requester: _____

Date of Request: _____

Relationship to Client (check one):

☐ Self (Client) ☐ Parent/Guardian ☐ Authorized Representative ☐ Other: _____

If not the client, attach proof of legal authority (e.g., Power of Attorney, guardianship documents).

Address: _____

Phone: _____ **Email:** _____

2. Client (Record Subject) Information

Client Name (as it appears in records): _____

Date of Birth: _____

Patient/Client ID (if known): _____

3. Requested Records

- ☐ All records
- ☐ Progress/treatment notes
- ☐ Intake assessment
- ☐ Discharge summary

- ☐ Billing records
☐ Other (describe): _____

Timeframe of Records Requested (if applicable):

From // _____ to // _____

4. Format of Delivery

- ☐ Paper copies
☐ Electronic copies (preferred file type: _____)
☐ Pick up in person
☐ Mail to address above
☐ Email to address above

Note: If you request electronic records, we will provide records in electronic form if our system is capable of fulfilling your request in that format, unless you agree to another form of delivery. [Texas.Public.Law](#)

5. Fees (if applicable)

You may be charged a reasonable fee for the cost of copies and postage. We will notify you in writing before processing if a fee applies.

6. Signature

I certify that the information above is true and correct to the best of my knowledge and that this request is made under my legal rights to access these health records.

Signature: _____

Date: _____