



## Health Services Agency: 1400 Emeline Avenue, Santa Cruz, CA 95060 Phone (831) 454-4170 Fax (831) 454-4663

## **CLIENT REQUEST FOR ACCESS / COPIES OF BEHAVIORAL HEALTH RECORDS**

uardian / 🗌 Conse	ervator (Verificatior	n required)
sessed this 12-17 year of er/their/his protected hea	ld minor and determined alth information.	the minor 🗌 does /
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owing confidentia	Il records: [Speci	fy date range]
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