

Brown County Human Services
ACCESS TO RECORD REQUEST FORM
For Minor Child(ren)

PERSON REQUESTING RECORDS:

Full Name:	
Date of Birth:	
Social Security #:	
Phone Number:	
Address:	

(Note: You are required to provide proof of your identification. Refer to Brown County Data Practices Policy for Data Subjects.)

CHILD(REN):

Full Name:	
Date of Birth:	
Social Security #:	
Parent(s)/Guardian:	
Address:	

Full Name:	
Date of Birth:	
Social Security #:	
Parent(s)/Guardian:	
Address:	

Full Name:	
Date of Birth:	
Social Security #:	
Parent(s)/Guardian:	
Address:	

(Continue on blank page if necessary.)

Back side of form must also be completed.

Brown County Human Services
ACCESS TO RECORD REQUEST FORM
For Minor Child(ren)

I am asking for access to the prior-listed minor child(ren)'s records at Brown County Human Services:

From (date):	To (date):
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The specific records I'm requesting are: _____

The reason I'm requesting records is: _____

I am requesting to (check one of the following):

- Inspect the data.
- Get copies of the data. (There will be a charge for copies of data prior to release.)
- Both inspect and get copies of the data. (There will be a charge for copies of data prior to release.)

PLEASE CHECK ONE DESCRIBING YOUR RELATIONSHIP TO THE MINOR CHILD(REN) LISTED:

(You are required to provide proof of your relationship. Refer to Brown County Data Practices Policy for Data Subjects.)

- LEGAL MOTHER
 - I gave birth to the child(ren)
 - I have legal custody of the child(ren) established by a Court Order
 - I have physical custody of the child(ren) established by a Court Order
 - Other (provide explanation): _____

- LEGAL FATHER
 - I am married to my legal child(ren)'s mother
 - I was married to my legal child(ren)'s mother at the time of the child(ren)'s birth
 - I have physical custody established by a Court Order
 - I have legal custody established by a Court Order
 - Other (provide explanation): _____

- GUARDIAN
- OTHER (provide explanation): _____

If you are asking for access to a minor child's records held by Brown County Human Services, please consider the following:

- We will review each request for access to a minor child's records to determine whether such request is permitted by law.
- We cannot give you access to psychotherapy notes.
- We may deny you access to the minor child's information if it was given to us by someone other than a health care provider, under the promise of confidentiality.
- You have a right to inspect your data within 10 business days.

I have read and reviewed this form and verify under penalty of perjury that the information provided is accurate and truthful.

Signature:	Date:
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Back side of form must also be completed.