

INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

P. O. Box 19037, San Bernardino, CA 92423 Telephone: (909) 890-3000 Fax: (909) 890-3001

CONFIDENTIAL CONSUMER INFORMATION

Inland Counties Regional Center, Inc. See California *Welfare & Institutions Code* § 4514

RECORDS REQUEST

Consumer Name:		DOB:
Person Requesting Reco	rd(s):	
Relationship to Consum	er: 🗆 Self 🗖 Parent/Guardian 🗖	☐ Conservator ☐ Attorney ☐ Other:
Mailing Address:		
Telephone Number/E-m	ail:	
Reason for Disclosure: _		
legal documents that esta Guardian/Conservator/Attorn	blish the authority of the requesti	ding intake, assessment and services is confidential. A copy of any ng party to obtain records must be attached (i.e., Legal ocumentation may include: Letters of Guardianship, Letters of lential/Protected Health Information.
Specify Type and Date F	Range of Records:	
processed and scanned and the Preferred Delivery Meth	nat are available electronically can be od: B-mail Pick-Up	Certified Mail (Mailing costs may be applied)
Recipient Name, Mailing	g Address, E-mail, Fax (if differe	ent from requesting party):
fee for producing records: \$15.00 will be applied to RELEASE OF RECORD profit or government age guardians/conservators will	\$.10 per physical page or \$16 per 0 third party process servers/copy OS . Fees will not apply to record ancies. Fee waivers must be subn	§ 52167, Inland Regional Center may charge a reasonable CD plus the cost of postage. An additional processing fee of services. PAYMENT IS REQUIRED PRIOR TO THE requests related to a pending fair hearing matter or by non-nitted in writing for approval. Consumers or their legal electronically stored records. Electronically stored records re will be used whenever possible.
Date	Signature	