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|  | Request for DSHS Records | | | | | | | | | | | |
| **A. Request for DSHS Records By:** | | | | | | | | | | | | |
| NAME LAST FIRST MIDDLE | | | | | | | | | TITLE | | | |
| ORGANIZATION OR BUSINESS NAME IF APPLICABLE | | | | | | | | | | | | |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | | | | | FAX NUMBER (INCLUDE AREA CODE) | | | | E-MAIL ADDRESS | | | |
| **B. Request for Records from these DSHS Programs (please check all that apply):** | | | | | | | | | | | | |
| Behavioral Health (BHA)  State Mental Health Institutions (ESH, WSH, CSTC)  Special Commitment Center (SCC)  Forensic Mental Health Services (OFMHS)  Other (i.e., Headquarters, RTFs):  Economic Services (ESA)  Community Services (CSD – public assistance)  Child Support (DCS)  Disability Determination Services (DDDS)  Other (i.e., Headquarters):  Office of the Secretary (OOS)  Enterprise Risk Management (ERMO)  Human Resources (DSHS Employee) | | | | | | | Aging and Long-Term Support (ALTSA)  Home and Community Services (HCS)  Residential Care Services (RCS)  Adult Protective Services (APS)  Other (i.e., Headquarters):  Facilities, Finance, and Analytics (FFA)  Background Check Central Unit (BCCU)  Fraud and Accountability (OFA)  Leave / Payroll (DSHS Employee)  Developmental Disabilities (DDA)  Vocational Rehabilitation (DVR)  Other: | | | | | |
| **C. Request for DSHS Records of:** | | | | | | | | | | | | |
| **SELF**  **OTHER** | | | NAME LAST FIRST MIDDLE | | | | | | | | | |
| DATE OF BIRTH | | | FORMER NAMES | | | | | | | | | |
| CLIENT IDENTIFICATION NUMBER | | | | OTHER IDENTIFICATION NUMBER | | | DATES OF SERVICE | | | LOCATION OF SERVICE | | |
| **RECORDS REQUESTED:** Please specify records requested from DSHS programs marked above in Section B:  All records held by parts of DSHS marked in Section B.  The following records only held by parts of DSHS marked in Section B: | | | | | | | | | | | | |
| **D. Request for Other DSHS Records** | | | | | | | | | | | | |
| I request the following DSHS records:  Licensing records for the following facility or provider:  Contract or procurement records for the following:  DSHS personnel or employment records related to  (identify DSHS employee(s):  Describe other records requested as completely as possible, including by date, type of record, and program: | | | | | | | | | | | | |
| **E. Access to Records (Complete this section for all requests)** | | | | | | | | | | | | |
| I understand DSHS may charge for copies of its records under WAC 388-01-080.  Please contact me to arrange a time for me to inspect records.  Other special requests: | | | | | | | | | | | | |
| **NOTE:** You must show proof of your identity or authority to obtain confidential records. Use Authorization form, DSHS 17-063, to give permission to obtain records about other persons. | | | | | | | | | | | | |
| REQUESTED BY (SIGNATURE) | | | | | | | | | | | DATE SIGNED | |
| SIGNATURE OF WITNESS OR NOTARY VERIFYING IDENTITY IF REQUIRED | | | | | | | PRINTED NAME OF WITNESS OR NOTARY IF REQUIRED | | | | | |
| If I am not the person who is the subject of confidential records, I am authorized to access these records because I am the (attach proof of authority):  Parent of minor  Legal Guardian  Personal or estate representative  Other: | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | |
| **DATE RECEIVED** | | **RECEIVED AT:** | | | | **DATE ACKNOWLEDGED** | | **ID VERIFIED**  **BY:** | | | | **DATE RECORDS PRODUCED** |