

Harbin Counseling & Consulting, LLC  
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**Date:** \_\_\_\_\_ **Request for Records or Summary**

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I \_\_\_\_\_ (Client/Parent/Guardian) am requesting the psychotherapy/medical/ session summary record of the above-named client.

I am requesting (check all that apply)

\_\_\_ The medical record (which includes session and attendance dates and financial records). Please note a charge will apply per page of records.

\_\_\_ Summary of psychotherapy services and progress. Please note the reminders below regarding fees and limits for summaries.

I have been informed and I understand that psychotherapy and play therapy records look differently than medical treatment records (basic medical are attendance dates and financial records). I understand that nuances of the therapeutic rapport and client relationship will be difficult to communicate through written records alone. I understand the provided summary will be given in letter form and should be mailed to the following address:

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I have reviewed, understand, and agree to the information in the Informed Consent document and am aware that unless there are any legal or ethical barriers to my receiving the requested information, that those records will be mailed by US Mail within 5-7 days of a completed and uncontested request. I also understand that communication, including records and summaries, will be sent to both parents as a courtesy.

**Reminders/Excerpts from your/your child's informed consent document:**

Counseling Files: All counseling files and their contents are the property of Jennifer Harbin and cannot be released to clients in their entirety, but you may receive session summaries and progress notes upon written request. Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Regarding a request for you or your child's records, with a signed request for records form, and unless there are legal or ethical barriers in the way of your receipt of said records, you will receive a summary of you or your child's clinical progress. You may receive one summary at no charge per year (12 months), and any additional summaries that will require my time to compile will incur a fee for my time at \$115.00 per 45-50 minutes. Because I am not a forensic specialist, nor do I participate in court related processes, you understand and agree that any summaries and records received are for the purpose of your personal medical/psychological record to track you or your child's therapeutic growth, and not an attempt to include Jennifer Harbin or Harbin Counseling & Consulting, LLC in any legal matters.

If you wish to receive your medical record only (dates of attendance, financial payment history) you agree to have a session with me to discuss those records. It is my intent that you understand and have the opportunity to process the content of those records. A copy of your medical record alone will also incur a per page charge to you (this is standard practice for professionals and physicians).

The communication that you/your child(ren) provide during session is considered privileged by O.C.G.A. 24-5-501 and covers "communication between a...licensed professional counselor and patient." If you anticipate the need for a therapist's involvement in court activity I will be happy to refer you to someone who is more suited to meet your needs. If for any reason, I am required to participate in court proceedings my fee for such is \$150 per hour and is applied door to door. In addition, I reserve the right to charge for court preparation including case review, report preparation, and legal and ethical review at \$150 per hour.

**Requestor's Name (Please Print):** \_\_\_\_\_

**Requestors' Relationship to client (may be parent/guardian/self):** \_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_