



Institute for Couple and Family
Enhancement
21015 Market Ridge
San Antonio, TX 78258

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RECORD REQUEST INSTRUCTIONS

In order to request a copy of your individual therapy record, please submit a WRITTEN request to ICFE Custodian of Records, 21015 Market Ridge, San Antonio, TX 78258. The request can be mailed, delivered in person, or emailed to the treating therapist or the office manager at admin@icfetx.com if the treating therapist is no longer part of ICFE.

The request needs to include your full name, date of birth, signature and copy of your photo identification in order to confirm your identity. Please also include instructions regarding how you wish to receive the record (ie, pick up from office, mailed to specific address), and contact information in the event the Custodian of Records has questions pertaining to the request. It is also helpful if the request can include the approximately time frame the services were received.

If you are requesting records of a minor, please include in the WRITTEN request the child's name and date of birth, your name and relationship to the child, and your signature, along with instructions regarding how you wish to receive the record. Please also provide a copy of any legal documents confirming that the requestor is legally entitled to receive medical records for the child (may send electronically to therapist who provided the service or to admin@icfetx.com).

In order to request a copy of a couple or family therapy record, please include all of the above in addition to a HIPAA release form signed by other parties in the therapy record explicitly giving the requestor permission to receive the full record (or specific parts if only partial request). A group record (such as from couples therapy or family therapy) cannot be released to an individual party without consent from all parties or legal guardians of minor who are involved in therapy.