



Former Patient Request/FST Referral Information

If you would like to speak with our FST supervisor, please call our main line at 503-276-9000

Patient Name	DOB	Other Relevant Information

We can release the CARES report directly to medical/mental health providers that are currently treating you and to judges/attorneys involved in an open/active case. Due to the confidential nature of the evaluations, the release of the reports/records are limited to the following professionals:

- Department of Human Services/Child Protective Services (DHS/CPS)
- Law Enforcement Agencies (LEA)
- Medical Providers/Mental Health Providers
- Attorneys/Judges

Our records do not function under standard medical records statutes. CARES records fall under separate child abuse/child advocacy center (CAC) legal statutes. Therefore, we are unable to release records to parents or patients.

If you would like for us to send the report to your *provider, attorney, or judge*, please fill out a copy of our ROI form listing them as the recipient. Your attorney may also subpoena the records with a copy of our protective order form. Please reach out to our records custodian at amgreen@lhs.org with ROI or subpoena questions.

If you would like to review your records, that will be done with our Family Support Team (FST). Our FST staff are trained mental health providers and are able to help answer questions throughout the review process.

Address _____

Phone _____ OK to text? yes no

E-mail _____ OK to email? yes no

Legal guardian (if applicable) _____

Relationship _____

Phone _____

Email _____



Is legal guardian aware and in agreement to the referral? yes no (when applicable)
(CARES NW will not contact family until they have been notified of the referral).

Should we include your legal guardian/parent? _____

Who would you like the report to go to?

- | | |
|---|--|
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Judge |
| <input type="checkbox"/> Mental Health Provider | <input type="checkbox"/> DHS/CPS caseworker |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> LEA officer/detective |

- Brief summary of the request reason:

Do you and/or the family speak languages other than English? yes no

- If yes, which language(s) _____

Other additional information that would be helpful:

Please email this form to: CaresNWAdmin@LHS.ORG

FOR OFFICE USE ONLY

FST (if assigned) _____

Phone _____ Email _____

Medical Records:

- | | |
|---|---|
| <input type="checkbox"/> Order file from archives | <input type="checkbox"/> Scan paper file to
electronic chart |
|---|---|