

Client Records Request Policy

Shifaa Serenity Therapy Solutions, LLC

Prepared by:

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1. Purpose and Commitment

The purpose of this policy is to establish procedures for clients of **Shifaa Serenity Therapy Solutions, LLC** to request access to their treatment records in compliance with the **Health Insurance Portability and Accountability Act (HIPAA)**, applicable **state requirements**, and other **legal responsibilities**.

The organization is committed to ensuring that clients have access to their records while protecting confidentiality, professional standards, and the safety of clients and others.

2. Scope of Application

This policy applies to:

- All clients requesting access to their own records.
 - Authorized legal guardians of minor clients.
 - Legally designated representatives with appropriate documentation (e.g., power of attorney, court order).
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3. Client Rights

Clients have the right to:

- Request copies of their records in writing.
 - Review their records in accordance with **state timelines and legal standards**.
 - Request corrections (amendments) to their records.
 - Receive records in paper or electronic format, when feasible.
 - Authorize release of records to third parties via a signed **Release of Information (ROI)** form.
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4. Request Procedures

4.1 Submitting a Request

- Requests must be submitted in writing using the organization's **Records Request Form** or a signed written statement.
- Requests must specify whether the client wants to **inspect** records, receive a **copy**, or have records sent to a third party.

4.2 Verification of Identity

- Clients must provide proof of identity (e.g., government-issued ID).
- For minors, the parent/legal guardian requesting access must provide appropriate documentation.

4.3 Timeframe for Fulfillment

- Records will be provided **in accordance with state requirements or as otherwise required by law**.
- If an extension is needed, the client will be notified in writing with explanation of the delay.

4.4 Fees

- Reasonable fees may be charged for copying, mailing, or electronic transfer of records, as permitted under state and federal law.
 - Clients will be notified of costs prior to fulfillment.
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5. Exceptions to Access

Access may be denied in limited circumstances, including:

- If access would endanger the life or physical safety of the client or another person.
- If records contain psychotherapy notes kept separate from the general record.
- If access is restricted by law, court order, or third-party confidentiality protections.

Clients denied access will receive written notification, including information on how to appeal the decision if applicable under law.

6. Confidentiality and Security

- Records will only be released to clients, authorized representatives, or third parties with proper authorization.
 - All disclosures will be documented in accordance with HIPAA and applicable state law.
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7. Organizational Responsibilities

- Maintain secure and accurate client records.
 - Process requests in compliance with HIPAA, state laws, and legal responsibilities.
 - Provide training to staff on confidentiality, recordkeeping, and release of information.
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8. Enforcement

Failure by staff to follow this policy may result in disciplinary action and may be reported to licensing boards.

9. Acknowledgment and Signature Page

I, _____, acknowledge that I have received, read, and understood the **Client Records Request Policy** of **Shifaa Serenity Therapy Solutions, LLC**.

I understand that:

- I have the right to request access to my treatment records in writing.
- Records will be fulfilled **in accordance with state requirements or as guided by legal responsibility**.
- Certain exceptions may apply, including restrictions on psychotherapy notes and situations involving safety risks.
- Reasonable fees may apply for copies or transfers of records.

I agree to follow the procedures outlined in this policy when requesting records.

Client Information

- **Printed Name:** _____
- **Signature:** _____
- **Date:** _____

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