

# DHS Consumer Records Request Form

The Allegheny County Department of Human Services (DHS) has a “no wrong door” philosophy regarding individuals or their legal representatives accessing, inspecting and obtaining a copy of their records or those of their minor children, as allowed by law.

A DHS consumer, or their representative, wishing to obtain copies of their consumer records must either 1) complete the attached DHS Consumer Records Request form or 2) write and sign a letter requesting copies of their records and submit it to their care manager.

Upon receipt of the Records Request form or signed letter of request, the DHS office will contact the requestor within five business days to acknowledge receipt, update the requestor on the status of the request, and/or clarify any ambiguity in the request.

If the DHS office determines that it does not have applicable records to release, DHS office staff will notify the requestor and, if possible, direct the requestor to the appropriate custodian of the records.

If the DHS office is in possession of the applicable records, a copy of the records will be provided to the requestor as soon as possible in accordance with the DHS office’s procedure, not to exceed 30 calendar days from receipt of the DHS Consumer Records Request form or signed letter of request.



ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

**DHS CONSUMER RECORDS REQUEST FORM**

Please check appropriate box(es):

- |  |   |
|--|---|
| <input type="checkbox"/> Area Agency on Aging  | <input type="checkbox"/> Office of Children, Youth and Families           |
| <input type="checkbox"/> Office of Behavioral Health, Adult Mental Health                | <input type="checkbox"/> Office of Data Analysis, Research and Evaluation |
| <input type="checkbox"/> Office of Behavioral Health, Child and Adolescent Mental Health | <input type="checkbox"/> Office of Intellectual Disability                |
| <input type="checkbox"/> Office of Behavioral Health, Drug & Alcohol                     | <input type="checkbox"/> Office of Community Relations                    |

**Requestor Information – Please Type or Print**

First Name _____	MI _____	Last Name _____			
E-mail Address _____					
Mailing Address _____					
City _____	State _____	Zip _____			
Telephone _____	FAX _____				
Preferred Delivery:	Pick Up _____	US Mail _____	On-Site Inspect _____	Fax _____	E-mail _____

**Records Request Information:** Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Signature \_\_\_\_\_

Date \_\_\_\_\_