



**California State University, Long Beach  
Speech and Language Clinic  
1250 Bellflower Blvd. MS 2501  
Long Beach, CA 90840**

**Clinical Document Request Form**

I, \_\_\_\_\_ (individual requesting information), have requested from the California State University, Long Beach Speech and Language Clinic documents pertaining to \_\_\_\_\_ (client's name). I understand that I, the recipient, am responsible for protecting the client's privacy. I will not hold the clinic responsible for possible redisclosure of information if the documents are misplaced. I understand that I will be charged a processing fee of \$0.25 per page.

Indicate the information that is being requested:

- Assessment Report
- Therapy Plan
- Progress Report
- Other: \_\_\_\_\_

Relationship to the Client: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below indicates that I have received the requested documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_