For Clinical Use Only

Any review of behavioral health treatment records by the patient must be supervised by the treating clinician or designee and documented below:

1. Date of Review: ________________________________________________________
2. Name of Person Supervising the Review: ____________________________________
3. This review: ☐ Is routine
   ☐ Involves reasonable concern of possible harmful effect to the patient
4. In cases where access of the guardian to the record would create documented imminent danger to the patient, was access to all or part of the record denied to the patient or guardian?
   ☐ Yes ☐ No
5. If access was denied, explain the reason for the denial and indicate the portion of the record subject to the denial: _________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

Signature of Reviewer: ______________________________________ Date: ________ Time: _____