Records Retention Log

Provider Name
Address
Phone
Number of Records Stored:
Name of contact person:
Phone:
Storage address:

Procedure for requesting records:

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_____

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_____

Copying fees: Yes / No **Shipping and handling included: Yes / No**

The clinical service records created by <NAME> for the consumers listed below will be safeguarded and maintained by <NAME> in accordance with the record retention guidelines set forth by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Records Retention and Disposition Schedule for DMH/DD/SAS Provider Agency (APSM 10-5) and the NC DHHS Records Retention and Disposition Schedule for Grants until a date not later than the latest retention date required. Consumers may access and receive copies of their records for the duration of the retention schedule by following the procedure described above.

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Date **Signature of Records Custodian for <NAME>**

First Name	Client Name on Record (Last)	Record Number	DOB	Last Date of Service	Box Number	Year pt. turns 18 if pediatric	Eligible for destruction	Date Destroyed

First Name	Client Name on Record (Last)	Record Number	DOB	Last Date of Service	Box Number	Year pt. turns 18 if pediatric	Eligible for destruction	Date Destroyed

First Name	Client Name on Record (Last)	Record Number	DOB	Last Date of Service	Box Number	Year pt. turns 18 if pediatric	Eligible for destruction	Date Destroyed