

Appendix 3

MENTAL HEALTH ADVOCACY SERVICES, INC.

A NONPROFIT ORGANIZATION PROVIDING LEGAL SERVICES TO PEOPLE WITH MENTAL AND DEVELOPMENTAL DISABILITIES

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LOS ANGELES, CA 90010

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FAX (213) 389-2595

VIA FACSIMILE (803) 935-4569

October 10, 2008

Columbia Care Center
Attn: Dr. Cynthia Capers / Medical Records
P.O. Box 23587
Columbia, SC 29224
Tel: (803) 935-0505
Fax: (803) 935-4569

Re: Records Request for X X (DOB May X 19XX)

Dr. Capers,

Mental Health Advocacy Services, Inc. represents Mr. X X in his legal matters.

As part of his legal matters, Mr. X requires copies of his medical and mental health records. Accordingly, please find enclosed two (2) Authorization For Use or Disclosure of Health Information forms duly signed and dated by Mr. X.

Mr. X received mental health treatment at your facility during the time between 2006 and 2008.

Please note that one form relates to general Protected Health Information while the other relates specifically to psychotherapy notes. Responses to both must be included in the response to this request.

I appreciate very much your prompt attention to this request. I have also sent this request via hard copy. I will follow up with a phone call in a few days.

If I may answer any questions regarding this request, please do not hesitate to contact me.

Thank you very much,

Greg Pleasants, JD / MSW
Staff Attorney and Equal Justice Fellow
Mental Health Advocacy Services, Inc.