



**CONSCIOUS  
HEALING**  
AWAKENING YOUR TRUE POTENTIAL

## Written Correspondence Request Form

We appreciate your commitment to your recovery journey and understand that there are various circumstances where written correspondence may be necessary to support your treatment goals. Written correspondence carries a \$25 fee, which covers the administrative costs associated with processing and preparing the documentation requested. This fee applies to letters requested for the following (non-exhaustive) list of reasons:

- Legal Documentation
- Employment Verification
- Housing Assistance
- Health Insurance Coverage
- Custody and Childcare Arrangements
- Educational Opportunities
- Family or Social Support
- Immigration Proceedings
- Personal Documentation
- Financial Documentation

Please note that this fee is subject to change, and we will notify you of any adjustments in advance.

To request written correspondence, please complete the attached form and return it to Conscious Healing, along with your \$25 payment. Payment is due at the time of your request. Please place your request seven business days in advance of the date for which you need the correspondence. All written correspondence will be provided within seven (7) business days of your correspondence request payment.

We understand that sometimes your correspondence requests may be needed sooner than the seven-day turnaround time. If your correspondence is required before the seven-business day turnaround time, a rush request fee of \$25 can be paid at the time of submission and your correspondence request will be processed within two business days of the Clinician or Case Manager responsible for your care.

Written correspondence letters will be addressed to you. If you would like your letter addressed to another individual, please ensure we have a written Release of Information on file for the requested party that allows disclosure of all requested PHI. If not to you, please specify in the "other" section to whom you would like this letter addressed.

Written correspondence letters will be provided by email or through your client portal. Hard copies of your correspondence must be specifically requested and up to three hard copies can be provided at no additional cost. Mailed correspondence will include applicable postage fees.

Regards,  
Conscious Healing Staff

**Written  
Correspondence  
Request Form**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date by which you need the correspondence: \_\_\_\_\_

Method by which you would like to receive your correspondence:

Email  Client Portal  Hard Copy (in person)  Hard Copy (by mail)  Other

Check here if this is a rush request

**Purpose of Correspondence (Please check all that apply):**

- Legal Documentation
- Employment Verification
- Housing Assistance
- Health Insurance Coverage
- Custody and Childcare Arrangements
- Educational Opportunities
- Family or Social Support
- Immigration Proceedings
- Personal Documentation
- Financial Documentation
- Other

Please specify the information you would like included in your letter (ex: recommendation of care, dates of treatment, urine screen results, progress towards treatment goals, etc.)

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Client Signature \_\_\_\_\_

Staff Receiving Request \_\_\_\_\_

**For Internal Use Only:**

Completed by: \_\_\_\_\_

Date of completion: \_\_\_\_\_