



Coastal Virginia Counseling
101 N. Lynnhaven Rd., Suite 308
Virginia Beach, VA 23452
Daily: 757-222-4944
Crisis: 757-606-0015
Fax: 757-544-9880

Records Request Form

In accordance with our Policies and Procedures, all clinicians at Coastal Virginia Counseling require a minimum of **10 business days** to gather records or documents. There will be a \$15 records request fee billed to your account.

Today's Date _____

Date Expected to Receive Records _____

First Name _____

Last Name _____

Name of Clinician _____

Description of Request

Signature of Client
