

CHRISTIAN COUNSELING ASSOCIATES, Inc.

STEVENS FOREST PROFESSIONAL CENTER
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Request for Documents Transfer

If you'd like Christian Counseling Associates, Inc. (CCA) to send copies of all therapy documentation to another provider, please print and fill out the form below and send it, regular mail, to our office at the above address. We must have a signed, hard copy of this request. We will begin to process this request beginning mid-January 2023. Thank you.

All fields are required in order for us to complete this process

CLINICIAN/THERAPIST'S NAME _____

Patient's Name _____ Patient's Date of Birth _____

Patient's Address:

Best contact phone number _____

Guardian name (if applicable or NA) _____ Relationship _____

Are there specific records you want sent?

Where do you want these records sent (Name and Address below):

