OREGON BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
CUSTODIAN OF RECORD
DESIGNATION FORM

Your Name: _____ Your License/Registration # _____

I designate one of the following as the custodian of my clients' records:

A licensed health or mental health care individual
A records management company
An attorney
A health care organization
A mental health care organization
A school

_____
Name of designated custodian

Address: _____

Phone number: _____ Email: _____

_____ _____
Signature of Custodian of Record (if appropriate) Date

I understand that I must promptly inform the Board of any change to this custodian of record. I swear/affirm that the information provided above is accurate.

_____ _____
Signature (required) Date (required)

Please return the completed and signed form to the Board office. If you need to change your designation for the Custodian of Record, the form can be downloaded from the Board's website at **www.oregon.gov/oblpct** . You may send the form by mail, facsimile, or as an attachment to an email message to:

Oregon Board of Licensed
Professional Counselors & Therapists
3218 Pringle Road SE Suite 120
Salem, OR 97302-6312

Fax: 503-373-1427
Email:lpct.board@state.or.us

October, 2012