CODAC
BEHAVIORAL HEALTH SERVICES

Member Request for Medical Records Information Form

Name: _____ **Date of Request: _____**

Date of Birth: _____ **Phone Number: _____**

Please check each box that applies (be specific):

☐ Case Management Notes
☐ Prescriber/BHMP Notes
☐ Therapy Notes
☐ Legal Consents
☐ Assessments
☐ Treatment Plans
☐ Medication information
☐ Other: Please list _____
_____

Time frame of information requested (Be specific): Dates: _____ Through: _____

Purpose of information disclosure (Be specific): _____
_____
_____

Signature of Member/Guardian: _____ **Date: _____**

Signature/Title of receiving staff: _____ **Date: _____**

Request Approved (circle one): YES NO

Signature of Behavioral Health Medical Professional and/or Behavioral Health Professional*:

_____ **Credentials**: _____ **Date: _____**

_____ **Credentials**: _____ **Date: _____**

*Signature indicates that Treating Behavioral Health Medical Professional and Behavioral Health Professional has reviewed the above documentation and is in agreement with medical record disclosure.

If treating Behavioral Health Medical Professional or Behavioral Health Professional is not in agreement with the disclosure of specific medical record documentation requested please indicate which documentation should not be disclosed and why (be specific):

_____
_____
_____

If documentation is withheld:

☐ Member/guardian was notified of his/her right to a second level review.
☐ Member/guardian was provided an Internal Problem Resolution Form.
☐ Member/guardian was provided PM Form 5.3.1 Grievance Form.

If documentation is provided:

Date records were picked up: _____ Member/Guardian Signature: _____

Date records were mailed to member: _____ Staff Signature: _____

Format/Form Requested:

☐ Paper ☐ CD ☐ Flash Drive ☐ Visual (member requested to inspect medical record no copy made)

Additional Time Needed

CODAC has identified that additional time is needed to gather the medical records you requested:

☐ We require additional time up to 7 days to obtain your medical records from archives.

By initialing here, you acknowledge that CODAC will require additional time up 7 days to gather your requested medical records. You will be notified once your medical records are ready.