



Request for Medical Records Information

Member Name and DOB: _____ Date of Request: _____

Requester and relationship to member: _____ Phone Number: _____

Please check each box that applies (be specific):

- Case Management Notes
- BHMP Notes
- CODAC PCP Notes
- Therapy Notes
- Assessments
- Service/Treatment Plans
- PCP Notes
- Medication information
- Legal Consents
- Other: (Please list): _____

Specific time frame of information requested: Dates: _____ Through: _____

Purpose of information disclosure: _____

Signature of requesting party: _____ Date: _____

Signature/title of receiving CODAC staff: _____ Date: _____

Request approved (circle one): YES NO

Signature of Behavioral Health Medical Professional, Primary Care Physician, Behavioral Health Professional, or other approver*:
 _____ Credentials: _____ Date: _____
 _____ Credentials: _____ Date: _____

*Signature indicates that Treating Behavioral Health Medical Professional and Behavioral Health Professional have reviewed the above documentation and are in agreement with medical record disclosure. Some records requests will be approved by administrative staff.

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:

- 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: _____ Requestor signature: _____
 Date records were mailed to member: _____ Staff signature: _____

- Format/Form Requested:**
- Paper CD Flash Drive Patient Portal 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 to 7 days to gather your requested medical records. You will be notified once your medical records are ready.