

DATE: May 12, 2023

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 23-10
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDICAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: MEDICAL APPLICANT/BENEFICIARY'S AUTHORIZATION FOR
RELEASE OF INFORMATION TO COMMUNITY-BASED
ORGANIZATION (CBO) IN BENEFITSCAL

The purpose of this All County Welfare Directors Letter (ACWDL) is to announce the release of and provide guidance for the [Applicant/Recipient's Authorization for Release of Information to Community-Based Organization \(CBO\) in BenefitsCal \(ABCDM 229\)](#).

Background

Federal Medicaid law requires that medical information on applicants and beneficiaries must be kept confidential and State Medicaid agencies must provide safeguards to restrict the use or disclosure of information concerning applicants and beneficiaries to purposes directly connected with the administration of the state Medicaid program. (Title 42, United States Code (U.S.C.), Section 1396a (a)(7)). State law also requires the same protections for Medi-Cal information (Section 14100.2 of the Welfare and Institutions Code). However, a Medi-Cal beneficiary may provide written authorization through a Release of Information (ROI) to grant access to their specified case information, for the limited purpose outlined in the ROI. If authorized by the beneficiary, CBOs assisting them in obtaining and maintaining benefits are permitted to use an ROI from the beneficiary to obtain access to information stored within their Medi-Cal case record.

BenefitsCal is an online portal where participants can apply for and manage their benefits online. These benefits include CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKS), and Medi-Cal. BenefitsCal features the ability for primary applicants to execute an ROI to authorize a CBO to view certain case-specific information within the CBO portal of BenefitsCal. To facilitate the development of this feature, CDSS and Department of Health Care Services (DHCS) collaborated, in partnership with counties and stakeholders, to produce the [Applicant/Recipient's Authorization for Release of Information \(ROI\) to Community Based Organization \(CBO\) in BenefitsCal \(ABCDM 229\)](#), as provided in Enclosure 1. This form complies with

federal and state law requiring the protection of Medi-Cal information. This authorization will be integrated into the BenefitsCal portal to streamline the ROI process.

Note: This ROI (ABCDM 229) is exclusively for access to information through BenefitsCal and does not replace the process for authorizing release of information outside of the BenefitsCal system or replace the current usage of the [DHCS 6247](#). The limited information subject to release to CBOs in the BenefitsCal portal based on a signed [ABCDM 229](#) is not a full case record and the access obtained by a CBO does not constitute general access to inspect a case record by a person authorized by the beneficiary. Counties should not accept [ABCDM 228](#) for the purposes of Medi-Cal.

Applicant/Recipient's Authorization for ROI via DHCS 6247

Effective the date of this letter, CWDs shall no longer accept an [ABCDM 228](#) for Medi-Cal because it is not compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA). Instead, the [DHCS 6247](#), as provided in Enclosure 2, is a DHCS form that a Medi-Cal applicant/member, or their Authorized Representative (AR), can use to give the DHCS or the County Welfare Department (CWD) consent to release their case record or specific case-level information to an agency, institution, or individual provider.

The individual or their AR must complete the highlighted fields within the [DHCS 6247](#) and must sign and date their consent to release their case record or specific case-level information, as indicated on the form. CWDs shall accept a completed, signed, and dated [DHCS 6247](#), from a beneficiary that clearly identifies the beneficiary's authorization for releasing information and the agency, institution, or individual provider to whom information is released.

Once consent is given through either method and the signed [DHCS 6247](#) is received, the CWD has the authority to release the case record or specific case-level information to the third-party, as outlined on the form. The use of the [DHCS 6247](#) will replace the CWDs use of the [ABCDM 228](#) for the release of Medi-Cal information outside of BenefitsCal. If a Medi-Cal applicant or beneficiary submits a signed [ABCDM 228](#) for Medi-Cal, the CWD shall assist the client with completing [DHCS 6247](#) instead.

New Form – Applicant/Recipient's Authorization for Release of Information to Community-Based Organization in BenefitsCal (ABCDM 229)

The [ABCDM 229](#) is the only acceptable form for the release of information to CBOs in BenefitsCal and limits the release of information to the BenefitsCal electronic portal. No substitutes will be permitted. The [ABCDM 229](#) must be retrievable in CalSAWS case images by CWDs. Primary applicants completing the [ABCDM 229](#) must indicate, at a minimum, the CWD that information is being requested from, the primary applicant's name, date of birth, and contact information, if available, the authorized CBO's name,

data elements to be released, history, and the program(s) for which information is being released.

Both CBOs and primary applicants may submit an [ABCDM 229](#) via a document upload process through their respective accounts within BenefitsCal. Additionally, the [ABCDM 229](#) may be submitted to the CWD in paper format in person, by mail, fax, email, or other accepted methods. The CWD can also assist primary applicants or their AR with completing the paper [ABCDM 229](#) by phone and utilize telephonic signature as needed. The CWD will enter data from the paper [ABCDM 229](#) into an ROI detail page in CalSAWS. These submissions must be signed by the primary applicant, or their AR, in alignment with the Signature Requirements policy and require manual approval by the CWD in CalSAWS before the information specified on the [ABCDM 229](#) will be released to the CBO in BenefitsCal. Detailed guidance is provided later in this letter.

Data Elements Included Within the Release of Information

CBOs will only have access to information that primary applicants consented to on an [ABCDM 229](#). No other case information will be provided to the CBO. However, a CBO may contact the CWD for clarification on information they are authorized to view within BenefitsCal, if needed. CWDs may only answer questions that fall within the scope of the case information the primary applicant has released to the CBO in BenefitsCal and within the timeframe authorized by the [ABCDM 229](#). The specific information, which can be released for CalFresh, Medi-Cal, and/or CalWORKs within BenefitsCal include:

- Notices of Action (NOAs);
- Verification Requests from Your County Worker;
- Benefit Award;
- Program Status- the most recent or current status and may include, but are not limited to: active, denied, discontinued, ineligible, pending, and waiting to transfer;
- Termination Reason(s); and
- Upcoming SAR 7 and Renewal Due Dates- may display recent, but not yet dispositioned SAR 7 and Renewal.

Release of Information Feature in BenefitsCal

Requirements for Community Based Organizations

Initially, the pilot of the ROI feature and released case information in BenefitsCal will be limited to CBOs that have both:

- A formal and currently active agreement in which the CBO is performing work on behalf of CDSS, DHCS, or any CWD; and
- Have been approved by a CWD for a CBO account in BenefitsCal, according to the CWD's approval process.

A formal agreement is a legally enforceable written agreement that is properly executed between two parties. Formal agreements that involve the disclosure or use of Medi-Cal Personally Identifiable Information (PII) should also include privacy, security, and confidentiality provisions to protect the PII. The CDSS and DHCS Privacy and Security Agreement (PSA) that each CWD enters into with DHCS and CDSS require CWDs to enter into written agreements with any contactor/vendor/agent accessing Medi-Cal PII and impose, at a minimum, the same restrictions and conditions that apply to CWDs regarding Medi-Cal PII.

These shall include, (1) restrictions on disclosure of Medi-Cal PII, (2) conditions regarding the use of appropriate administrative, physical, and technical safeguards to protect Medi-Cal PII, and, where relevant, (3) the requirement that any breach, security incident, intrusion, or unauthorized access, use, or disclosure of Medi-Cal PII be reported to the County Department/Agency. In other words, CWDs shall pass down the PSA requirements to any contractors/vendor/agent they share Medi-Cal PII with. CBOs are not expected to have an agreement with every county in which they assist beneficiaries. CBOs that meet the minimum requirements listed above to have access to the ROI feature in BenefitsCal. Expanded access to the feature will be the subject of future explorations.

Accessing Information Released

Primary applicants may initiate the electronic ROI feature through their on-line BenefitsCal account portal from their BenefitsCal dashboard or at the end of the BenefitsCal application flow. ROIs are then managed by the primary applicant within their respective portal in BenefitsCal. The primary applicant and CBO accounts will display active ROIs with the ability to view the data elements released for each ROI. The [ABCDM 229](#) may also be submitted by document upload through the primary applicant or CBO BenefitsCal accounts or by submission of the paper form to the CWD. However, only ROIs initiated through the BenefitsCal account portal will be displayed within BenefitsCal. If an ROI is conducted through other means outside of BenefitsCal, such as the use of [ABCDM 228](#) or [DHCS 6247](#), the released information will not be accessible within the BenefitsCal ROI feature and the release will not be displayed within BenefitsCal.

Fields on the Release of Information Detail Page

Fields entered in the [ABCDM 229](#) will automatically populate in the ROI Detail page within CalSAWS when the release is submitted through the ROI feature in BenefitsCal. ROIs submitted in paper format or by document upload in the primary applicant or CBO BenefitsCal account must be manually populated by the CWD in the ROI Detail page to reflect the information on the [ABCDM 229](#). These fields include:

- Primary applicant's name;

- Primary applicant's address;
- Primary applicant's phone number;
- Program(s) for release (CalFresh, CalWORKS, and/or Medi-Cal);
- Reason for sharing this information;
- CBO name;
- Individual assister name, if applicable;
- Data elements released;
- Case history selection;
- Length of information access;
- County of record; and
- Client signature information including date of birth and signature date.

Within CalSAWS, a status field will display whether an ROI is Pending, Reviewed, Approved, Revoked, or Expired. The definitions of the statuses of the ROI are as follows:

- PENDING- The ROI cannot be automatically approved in BenefitsCal and requires manual review by the CWD to determine if conditions for approval are met.
- REVIEWED- The ROI has been manually reviewed by the CWD but does not yet meet conditions for approval or revocation.
- APPROVED- The ROI has met the conditions for approval.
- REVOKED- The primary applicant has terminated their [ABCDM 229](#).
- EXPIRED- The ROI has reached the expiration date. ROIs with a "Pending" or "Reviewed" status will automatically update to "Expired" once the expiration date is reached.

Note: Counties should use the "Pending" status until automation is completed to add the "Reviewed" status into CalSAWS. The "Reviewed" status will be added at the next available release.

Release of Information Term Limits

Primary applicants may choose to release their specific case information to a CBO for a maximum of 365 days or any number of days less than 365 days from the date of signature, as indicated on the form. The ROI period begins on the date of signature. CBO access to the ROI information for a primary applicant will automatically terminate upon the date of expiration provided by the applicant on the ROI authorization or at the end of the ROI authorization, regardless of the ROI status or whether the case is active/inactive. In instances where a CBO's formal agreement between the State and/or CWD expires or terminates prior to the expiration of the ROI, the CBO will continue to have access to the information in the ROI feature until the ROI expires.

Release of Information Case History

The [ABCDM 229](#) allows primary applicants to select 60 days of case history prior to the date of signature of the [ABCDM 229](#). The applicant may also choose not to share any case history with the CBO. Case history is defined as the specific information for the program(s) the primary applicant selected and authorized to be released, prior to the date of signature of the [ABCDM 229](#). As indicated on the form, release of 60 days case history applies only to the following data elements in BenefitsCal:

- Benefit Award;
- Program Status;
- Termination Reason(s);
- Upcoming SAR 7 and Renewal Due Dates.

There are instances where a primary applicant will sign an [ABCDM 229](#) for a CBO to assist with a recently denied application. For example, if the beneficiary was recently denied benefits and would like assistance from the CBO, the CBO may be authorized to have the recent termination reasons up to 60 days prior to date of [ABCDM 229](#) signature. If the primary applicant checks the “no case history” box, then the CBO would only be able to view current data elements and not the historical data elements from the past 60 days.

Excluded Information

Certain information within BenefitsCal may not be shared with a third party even with a signed ROI. NOAs and verification requests will only be available for an authorized CBO to view from the date the form is signed until its expiration, a maximum of 365 days. NOAs and verification requests older than 60 days will not be available for an authorized CBO to view in BenefitsCal Historical NOAs and verification requests may contain information about Medi-Cal household members who are no longer a part of the household and in which the primary applicant no longer has the authority to authorize those member’s information to be released.

Reviewing the Release of Information

Signature Requirements

When the [ABCDM 229](#) is submitted at the time of initial application in the BenefitsCal application flow, the [ABCDM 229](#) must be signed separately and apart from the application itself. The primary applicant or their AR, appointed in accordance with [ACWDL 18-26-E](#) and [20-28](#), or their parent/guardian, if primary applicant is a minor, must sign the [ABCDM 229](#) for it to be valid.

When using the ROI feature in BenefitsCal, the primary applicant or their AR must electronically sign the [ABCDM 229](#).

- In one-parent households where there is joint custody, the primary applicant or their AR would electronically sign [ABCDM 229](#).
- In two-parent households in which one parent is the primary applicant for all programs, that primary applicant or their AR would electronically sign the [ABCDM 229](#).
- In two-parent households in which parents are primary applicants on different programs, each parent would need to submit an [ABCDM 229](#) for their identified program information to be released to the CBO.

The signed ROI is equally valid in the situation that an advocate or another person in the community assists the primary applicant with transmitting the [ABCDM 229](#) signed by the primary applicant to the CWD electronically or by mail. The CWD may confirm the primary applicant's consent if clarification is needed.

Following initial application, primary applicants must have the option to request an ROI at any time with the authorized CBO of their choice. The [ABCDM 229](#) may be completed electronically, through the primary applicant's BenefitsCal account or with a paper version of the form. CWDs may release information following receipt of a signed [ABCDM 229](#) if they believe in good faith the release was signed by the primary applicant. This is in accordance with existing policies and information safeguards.

When the [ABCDM 229](#) is submitted to the CWD outside of the BenefitsCal account, the CWD must accept the signatures through any available means, including wet, telephonic, or electronic, as described in and in accordance with [ACWDL 19-17E](#).

CBOs are prohibited from logging into a primary applicant's account directly, even with their permission, in order to initiate and sign the ABCDM 229 on behalf of the primary applicant or to submit an ABCDM 229 that was completed and signed outside of BenefitsCal.

Automatic and Manual Approvals

An ROI must be approved to be effective. The ROI is automatically approved and immediately effective if the participant submits the ROI in BenefitsCal through their account portal, the participant is the primary applicant on an existing CalSAWS case in their county, and the date of birth and name on their [ABCDM 229](#) matches the date of birth and name in their CWD case.

Manual approval by the CWD of record is required when the [ABCDM 229](#) is submitted by document upload through primary applicant or CBO BenefitsCal accounts or to CWDs in paper format. When beneficiaries do not have existing CWD cases and initiate the electronic ROI feature through their BenefitsCal accounts at the same time as initial

application, manual approval by the CWD of record will be required for information to be released to the CBO. Finally, manual approval will be required by the CWD of record if there is a data mismatch between the date of birth and/or name listed on the [ABCDM 229](#) and the CWD case. Additional review by the CWD is required if there is a data mismatch in the mailing address listed on the ROI; however, this address data mismatch should not prevent the ROI from being approved. The CWD must review the ROI to determine if a change of address is being reported by the primary applicant.

When manual approval is required, the CWD will receive a task created by CalSAWS and must review the information on the CalSAWS ROI Detail page to:

- Ensure the participant signing the [ABCDM 229](#) is the primary applicant in the Medi-Cal household; the form may also be signed by the primary applicant's AR appointed in accordance with [ACWDL 18-26-E](#) and [20-28](#) , and
- The data elements to be released to the CBO align with those data elements authorized for release on the [ABCDM 229](#).

The ROI must be approved if the two conditions listed above are met. CWDs will manually approve the ROI in CalSAWS by updating the status field on the ROI Detail page to "Approved." CWDs do not have the ability to reject or deny an ROI if conditions are met.

If the two conditions for approval are not met and a CWD makes contact with the primary applicant who confirms they want to release the data elements indicated on the [ABCDM 229](#), and all other details on the form are accurate, the CWD may update the status field on the ROI Detail page to "Approved." However, if the information on the [ABCDM 229](#) is not accurate, the CWD will need to obtain a corrected [ABCDM 229](#) signed by the primary applicant, using normal county business practice, before they may update the status field on the ROI Detail page to "Approved." If the CWD is unable to approve an ROI because one of the two conditions are not met, the CWD shall change the status field to "Reviewed" once they've reviewed the information. Until the "Reviewed" status is available in BenefitsCal, CWDs will use "Pending" in this scenario. The ROI will remain in "Reviewed" or "Pending" status for up to 365 days, or earlier if the primary applicant indicated a shorter period on the [ABCDM 229](#). At the end of the ROI period, ROIs in "Pending/Reviewed" status will automatically update to the "Expired" status. CWDs will change the status field on the ROI Detail page from "Pending" to "Reviewed" to identify that an ROI has been reviewed by the CWD but has not met the conditions to approve.

Resolving Discrepancies

As a reminder, an ROI with a "Pending" status cannot be automatically approved in BenefitsCal and requires manual review by the CWD. ROIs that are submitted through

BenefitsCal will be automatically set to a “Pending” status if one of the conditions for approval is not met. As such, ROIs with a “Pending” status must be reviewed for manual approval at initial application or at annual redetermination, whichever comes first. An ROI with a “Reviewed” status has already been manually reviewed by the CWD but does not yet meet conditions for approval. As such, ROIs with a “Pending/Reviewed” status must be reviewed no later than at annual redetermination. The CWD should document all efforts to address the pending ROI. As a best practice, CWDs are encouraged to review and confirm ROIs that were automatically approved with the primary applicant at every subsequent annual redetermination.

CWDs must contact the primary applicant to clarify any discrepant information that prevents approval of the ROI. If the CWD is unable to contact the primary applicant to clarify the discrepancy, the ROI must remain in “Reviewed” status until the discrepancy is resolved or the ROI expires. If a CWD makes contact with the primary applicant who confirms they do not want to release the information on the [ABCDM 229](#), the CWD may update the status field on the ROI Detail page to “Revoked.” See Revoking ROI section below for more information. The CWD should document all efforts to clarify information including the reason for delaying approval of an ROI and any action or inaction that was taken.

The primary applicant decides the ROI term limit. In the rare instance where an ROI is in “Review” status for an inactive case, but the primary applicant reapplies and the case becomes active, the CWD must review the ROI at initial application.

Data mismatch between the name or date of birth on the [ABCDM 229](#) and the CWD case may include scenarios in which there are transposed numbers in the date of birth or shortened names such as “Jim” instead of “James.” In scenarios in which the CWD can reasonably determine upon review that the participant signing the [ABCDM 229](#) is the primary applicant of the program, the ROI may be approved without contacting the primary applicant.

The data elements released by the primary applicant to be viewed by the CBO in BenefitsCal, as reflected in CalSAWS, must match the most recent signed [ABCDM 229](#). CWDs are required to correct ROI authorizations to reflect the consent granted by primary applicants. Corrections may include administrative errors (e.g., typo, wrong entry, etc.) and the reason for the edits to the authorization must be provided. A new [ABCDM 229](#) will not be required of the primary applicant for these administrative corrections. All changes to an authorization by CWDs, other than those to correct the administrative errors on the [ABCDM 229](#), including requests by the primary applicants, will require the execution of a new [ABCDM 229](#). The newly executed [ABCDM 229](#) will automatically revoke the previous [ABCDM 229](#) and take its place.

Revoking Release of Information Access

Only primary applicants or their AR can revoke CBO access to their information at any time through the BenefitsCal account. Revocation can also be requested by primary applicants or their AR outside of the BenefitsCal account by notifying the CWD in writing. CWD workers will have the capability to revoke access in CalSAWS by updating the status field on the ROI Detail page to “Revoked” upon receiving a written request from the beneficiary. The revocation of the ROI will be reflected in CalSAWS and in the beneficiary and CBO BenefitsCal accounts.

CBOs do not have the ability to revoke an ROI in BenefitsCal. If there is a reason an ROI should be revoked, the CBO may notify the CWD or the primary applicant to facilitate such a request. CWDs who receive notification from a CBO that an ROI should be revoked must confirm with the primary applicant, and obtain a written revocation request from the primary applicant, before revoking the ROI. However, a CBO with knowledge that an individual desires to revoke an ROI should carefully consider its professional obligations about receiving or requesting information under these circumstances.

Since an ROI is specific to a county and a CBO, a primary applicant must specify which county ROI they are revoking. If a primary applicant would like to revoke multiple ROIs, they would need to specify which county ROIs they would like to revoke. For example, if a primary applicant would like to revoke ROIs that exist with the same CBO in multiple counties, they would have to revoke those ROIs that exist for each county individually. The primary applicant may do this by revoking those ROIs in their BenefitsCal account or by providing a written revocation request to contacting each CWD. This guidance is specific to the [ABCDM 229](#) and does not apply to any other release, document, or authorization.

Intercounty Transfer

An [ABCDM 229](#) is applicable to a specific CWD and CBO. There is no limit to the number of CBOs a primary applicant may release information to, but a separate [ABCDM 229](#) is required for each CWD and CBO combination. For example, a primary applicant may have a signed [ABCDM 229](#) releasing case information from CWD X to CBO A, and have a signed [ABCDM 229](#) releasing information from CWD X to CBO B. If the primary applicant moves to county Y and wants to continue sharing case data elements in BenefitsCal with CBO A, a separate signed [ABCDM 229](#) releasing information from CWD Y to CBO A is required and another for CBO B.

Any primary applicant who moves from one county to another county may have an ROI in both their originating county and their new county with the same CBO.

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Copies and Translations

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#).

As a reminder, the [GEN 1365-Notice of Language Services](#) must be provided with all Medi-Cal correspondence in accordance with [ACWDL 17-23](#). Medi-Cal Eligibility Division Informational Letter (MEDIL) [19-18](#) and [21-31](#) require compliance with the Americans with Disabilities Act (42 U.S.C. 126, sections 12010 et seq) and provide visually impaired Medi-Cal beneficiaries with communications in the beneficiaries' requested alternate format.

Per [Government Code Section 7290, et seq.](#), CWDs must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient.

If you have any questions, or if we can provide further information, please contact Elizabeth Wall, by phone at (916) 345-8168 or by email at Elizabeth.wall@dhcs.ca.gov.

Sincerely,

Yingjia Huang
Assistant Deputy Director
Health Care and Benefits
Department of Health Care Services

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION TO THIRD PARTIES

File Number: _____

By completing this form you are authorizing the California Department of Health Care Services to release your protected health information identified herein to the persons or entities identified herein. You also have the right to request copies of those records. You will receive a response to your request within 30 days after we receive your request. If you want copies of your records mailed, you need to send us a photocopy of your California driver's license, Department of Motor Vehicles Identification Card, or other valid identification. You will also need to send documentation verifying your address. Please check the box on page three of this document if you would also like a copy of the requested records sent to you. **Mail this completed form to address below:**

Department of Health Care Services
DHCS/MEDI-CAL FI
P. O. Box 526018
Sacramento, CA 95852-6018
(916) 636-1980

Your Information		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Benefits ID Number:	Date of Birth:	
Telephone Number:	E-mail Address:	

Person/Organization Providing the Information	Person/Organization to Receive the Information
Name: _____	Name: _____
Position or Role: _____	Position or Role: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Telephone Number: _____	Telephone Number: _____
Fax Number: _____	Fax Number: _____

Description of the Specific Information to be Released/Inspected

Check each type of confidential information you authorize to be released/inspected:	
<input type="checkbox"/> HIV or AIDS	<input type="checkbox"/> Alcohol/Drug Information
<input type="checkbox"/> Mental Health/Behavioral	<input type="checkbox"/> Health Genetic Testing
Other:	
Information from the categories above will be authorized for the following period of time: from _____ (date) to _____ (date).	

Check Each Type of Protected Information You Want to Access:	
<input type="checkbox"/> Claim Detail Reports , which contain claims paid by Medi-Cal for services received.	Managed Care Records: <input type="checkbox"/> Enrollment Records <input type="checkbox"/> Disenrollment Records <input type="checkbox"/> Capitation Paid to Health Plan <input type="checkbox"/> MERS Fair Hearing Documentation
<input type="checkbox"/> Treatment/Service Authorization Request Screens . Printouts contain patient names, which providers have requested services, which services were requested, the decision about the service(s), including a simple description of the decision, and whether the provider has billed for these services.	Denti-Cal Records: Call (800) 322-6384 <input type="checkbox"/> Genetically Handicapped Persons Program (GHPP) and/or California Children's Services (CCS) Records.
<input type="checkbox"/> Case Management Records , which contain case manager notes.	<i>Please contact your care provider or managed care plan if you want access to your medical records.</i>

I Am Requesting Copies of Records for the Following Dates of Service:	
From Date (month/day/year)	To Date (month/day/year)
_____	_____

Description of the Purpose and Limitations for the Release or Inspection of the Information (Indicate How Information Will Be Used)
<i>The information will not be used for any purpose other than its intended use.</i>

Parent, Guardian, or Personal Representative Information		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Benefits ID Number:	Date of Birth:	
Telephone Number:	E-mail Address:	
What Legal Authority Do You Have to Request Health Information		
<input type="checkbox"/> Parent of a minor	<input type="checkbox"/> Executor of will	
<input type="checkbox"/> Guardian	<input type="checkbox"/> Administrator of estate	
<input type="checkbox"/> Conservator		
<input type="checkbox"/> Other: _____		
<p>Note: You Must Attach Legal Documentation to Verify That You Are the Parent, Conservator, Guardian, Executor of a Decedent’s Will, or Have Medical Decision-Making Authority for the Individual.</p>		

Please note: A request for records of services provided up to six years ago is a 30-day process. All other requests have an approximate 60-day time frame for additional processing.

Please mail me a copy of the requested information.

I wish to review the requested information in person.

If you request to review records in person, you will be contacted to schedule an appointment.

Location available for in person review: **Sacramento Only**

I Request That a Person of My Choosing be Allowed to Inspect My Records. **Note:** Any person or attorney may be named below. Records will not be sent to photocopy services.

Name: _____

Telephone number: _____

Address: _____

Relationship to you: _____

Identifying Information:

Address verification attached

Type: _____ (Utility Bill, Phone Bill, Driver's License, Etc.)

Copy of identification attached

Type: _____ (CA Driver's License, CA DMV Identification Card, Birth Certificate, Benefits Identification Card, Managed Care Card, State Or Federal Employee ID Card)

Number: _____

(IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED)

Notarized By _____ On _____ (Date).

Notary Public Number: _____

UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC:

This authorization for release of the above information to the above named persons or organizations will expire on: _____ (date).

I understand that by signing this authorization:

- I authorize the use and/or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary.
- I have the right to revoke this authorization at any time by sending a signed notice stopping this authorization to the address on page one. The authorization will cease on the date my valid revocation request is received.
- An individual may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that: The covered entity has taken action in reliance thereon; or if the authorization was obtained as a condition of obtaining insurance coverage.
- My treatment, payment, enrollment or eligibility for benefits will not be affected if I do not sign this authorization.
- Under California law, the recipient of my medical information is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law.
- If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.
- I have the right to receive a copy of this authorization.
- Records and copies obtained relating to outpatient psychotherapy care shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Member Signature:	Date:
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