Care1st Health Plan
601 Potrero Grande Dr.
Monterey Park, CA,
Fax: 323-837-0853

SPECIAL RECORDS RELEASE

PROVIDER'S NAME/ADDRESS
TO: _____
ATTN: Medical Records

_____
Address

_____
City, State, Zip

_____
Provider Telephone Number

PATIENT'S NAME/ADDRESS
RE: _____
Patient Name -- As shown in record

_____
Patient Address

_____
City, State, Zip

_____
Date of Birth

_____
Member ID Number

MEDICAL RECORDS ARE BEING REQUESTED FOR DATES OF SERVICE:

_____ through _____

Dear Provider:

I hereby authorize the above-mentioned provider to release a copy of medical records for myself or my dependent for services rendered on [date]. I understand that this authorization shall include any medical records that could pertain to Emergency Room Reports, Doctor's Office Notes, X-Ray/Lab Reports, Medical and/or Mental or Emotional Conditions, Alcohol and Drug Conditions, etc. A photographic copy of this authorization shall be as valid as the original. Please submit these records to the address listed below.

This consent includes all records of psychiatric and/or substance abuse diagnoses, examinations, treatment, prognosis, counseling, and/or therapy, which may be subject to the confidentiality requirements of SECTION 5328 OF THE CALIFORNIA WELFARE AND INSTITUTIONS CODE AND/OR 45CFR 164.508

_____ _____
(Patient's signature or Authorized Representative) (Date)

Limitations on this release with respect to provider, diagnosis or time limit:

_____

CARE 1ST HEALTH PLAN
ATTENTION: APPEALS & GRIEVANCES DEPARTMENT
P.O. BOX 3829
MONTEBELLO, CA 90640
Fax: 323-837-0853