COMMUNITY CARE PARTNERS

RECORDS REQUEST FORM

ABOUT

✓ You have a right to request a copy of your CCP records.

✓ If you are requesting records for someone else, you must provide:

- A signed Release of Information form; or
- Proof that you are the person's legal guardian or authorized representative.

✓ We may ask for identification before releasing records.

✓ We will respond to requests within 30 days.

✓ Records can usually be sent by secure email.

✓ There may be a small fee for copies or mailing. We will let you know before any fee is charged.

MEMBER INFORMATION

Member Name: _____

Date of Birth: _____

MMIS: _____

Phone Number: _____

Email Address: _____

PERSON REQUESTING RECORDS *(Complete only if different from the member)*

Name: _____

Relationship to Member: _____

Phone Number: _____

Email Address: _____

RECORDS REQUESTED Please check all that apply:

☐ Complete CCP Record

☐ Assessment(s)

☐ Care Plan(s)

☐ Care Coordination Notes

☐ Discharge / Transition Records

☐ Other: _____

Date Range Requested (if known): From: _____ To: _____

REASON FOR REQUEST

☐ Personal Use

☐ Continuing Care

☐ Legal or Insurance

☐ Other: _____

HOW WOULD YOU LIKE TO RECEIVE THE RECORDS?

☐ Secure Email

☐ Mail

Email Address or Mailing Address:

_____

_____

_____

AUTHORIZATION

Please check one:

☐ I am the member listed above.

☐ I am the member's legal guardian or authorized representative and have attached documentation.

☐ I am requesting records on behalf of the member and have attached a signed Release of Information form.

SIGNATURE:

I certify that the information provided on this form is true and correct.

Signature: _____

Printed Name : _____

Date: _____

Any questions can be directed to: info@carepartnersma.org

FOR CCP / VINFEN USE ONLY

Date Request Received: _____

Identity / Authorization Verified: ☐ Yes ☐ No

Date Records Sent: _____

Method Sent: _____

Processed By: _____