

BEHAVIORAL HEALTH CARE EXCHANGE OF INFORMATION REQUEST
Medi-Cal Managed Care Programs

This form is used for the purpose of exchanging practitioner and beneficiary information to enhance care coordination for Medi-Cal Managed Care beneficiaries.

BENEFICIARY INFORMATION

Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____ Telephone: _____
SSN: _____ Medi-Cal #: _____

BEHAVIORAL HEALTH PRACTITIONER – INITIATING QUERY OR COORDINATION OF CARE

Practitioner's Name: _____ Telephone: _____ FAX: _____
Email: _____ Date of Last Visit: _____

Behavioral Health Diagnosis(es): _____

Current Medications: _____

Reason(s) for Request:

- Coordination of Care Identify Current Medications Medical Evaluation Results EKG Results
- Neurological Assessment Laboratory/Imaging Results: _____
- Other _____

Practitioner's Signature: _____ Date: _____

Ask the beneficiary to sign the Agreement for Information Exchange at the bottom of the form. After making a copy of the form for your records, give the original to the beneficiary to take to the Primary Care Practitioner (PCP) who will complete the response portion and return the form to you for filing in the client's medical record. Send additional pertinent information as you feel necessary.

PRIMARY CARE PRACTITIONER RESPONDING TO REQUEST

The behavioral health practitioner initiating this form is requesting information about the above named person. Please complete and return this form via the beneficiary or by faxing to the behavioral health practitioner.

PCP Name: _____ Telephone: _____ FAX: _____

Diagnosis(es): _____ Date of Last Visit: _____ Email: _____

Current Medications: _____

Recommendations or Response to the Request (attach information if necessary): _____

Practitioner's Signature: _____ Date: _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.
