



Promise Health Plan

601 Potrero Grande Dr. Monterey Park, CA 91755 Fax: (323) 837-0853

SPECIAL RECORDS RELEASE

PROVIDER'S NAME/ADDRESS TO:

ATTN: Medical Records

Address:

City, State, Zip:

Telephone:

PATIENT'S NAME/ADDRESS

RE:

Patient Name -- As shown in record

Patient Address:

City, State, Zip:

Date of Birth:

Member ID:

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:

ATTENTION: BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN

APPEALS & GRIEVANCES DEPT

P.O. BOX 382 MONTEBELLO, CA 90640

Fax: 323-837-0853

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H5928_07_223_AG CMS Approval
Date: 05/17/2007
Special Medical Records Release