Berks County

This is the form you requested for Access to Protected Health Information

This is the form that you asked Community Care to send to you.

You need to fill out this form, sign your name, write the date on the form, and mail it to the address below.

Community Care Behavioral Health Organization
Privacy Officer
One Chatham Center, Suite 700
Pittsburgh, PA 15219

Please remember Community Care does not maintain medical records. You must contact your doctor or the hospital where you were treated for your medical records.

Community Care will review the information, and will send you a written response.

Please print and use a pen to fill in the form.

Your Name:			
Your Address:			
Your Date of Birth:		**Your Social Security Number:**	
Your Phone Number:		**Please write down your phone number in case we need to call you.**	

1. Please write down on the lines below, what information that Community Care has that you would like access to:

____
____
____

2. Please enter the specific treatment time frames in which you would like access to your information:

____

3. If you would like this information mailed to you please write down the address on the lines below if the address is different from the one you wrote above:

____
____

4. You need to sign your name and write the date on the lines below:

Member Signature: ________________________ Date: ________________

5. If you are a minor, please write in who your guardian is:

Name: __________________________ Relationship: ________________

Address: ____

If you have any questions about this form, please call the Member Services Number at 1-866-292-7886 or the Spanish Line at 1-866-229-3187.

Please do not write on the lines below.
Date Received: ____________ **Date Reviewed:** __________ **Response Sent:** __________