

REQUEST FOR PERSONAL INFORMATION FORM

Pursuant to the Information Practices Act of 1977 (Civil Code section 1798, et seq.)

- Requests are processed within 30 days of the Department's receipt of the request for active records and within 60 days of the Department's receipt of the request for records that are geographically dispersed or are inactive and in central storage.
- Note: If you are not requesting your own individual records, you must submit proof with this form that you have the legal authority to obtain personal information on the requested individual's behalf.

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Health Plan _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Email Address _____

Is the request for your own personal records or are you representing someone else? (Please check one)

- For myself
- Representing someone else

If you checked representing someone else, please list your relationship with this individual:

Please specify in the box below the Help Center case number(s) and dates of records you are seeking to help us locate and identify the information you wish to receive:

REQUESTOR SIGNATURE: _____ DATE: _____

PLEASE PRINT AND COMPLETE THE NOTARY PUBLIC FORM ON PAGE TWO AND MAIL WITH YOUR COMPLETED REQUEST FORM TO:

**Department of Managed Health Care
Attn: Office of Legal Services
980 Ninth Street, Suite 500
Sacramento, CA 95814**



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)