



## 1232-Continuity of Care Request Form

**NOTE:** You may be eligible to continue to see your current provider who is not currently a network provider of Humboldt County Department of Health & Human Services-Behavioral Health. For more information on continuity of care please see the Humboldt County Beneficiary Handbook. **Please fill out this form to request continuity of care.** If the person requesting Continuity of Care is not the beneficiary, a Release of Information is required. Humboldt County Behavioral Health has 30 days from the receipt of this form to make a final decision about your request.

### Part 1: Beneficiary

First and Last Name:	Medi-Cal ID#:	Date of Birth:	Client ID #
Address:		City:	Zip Code:
Phone Number:		Best Time to Call:	

### Part 2: Out of Network Provider Information – Information About the Provider You Want to Continue to See

First and Last Name of current provider:		NPI #
Address:		City:
Phone Number		Fax Number
		Email
Zip Code:		

What treatment or service(s) are you currently receiving from this provider?

When was your most recent appointment with this provider?	If you have another appointment scheduled, when is it?
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### Part 3: Signature

Sign Here ➤ \_\_\_\_\_

Signature of Beneficiary	Date
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### FOR QI USE ONLY

QI will contact provider to confirm an existing relationship with the beneficiary

Existing relationship was confirmed:    Yes                  No                  Date Confirmed:

**DIRECTIONS:** Please fax this completed form to QI at (707)476-4096 or mail it to 720 Wood Street, Eureka, CA 95501. If you have questions about how to complete this form, please call Managed Care Line at (707) 268-2955 (TDD/TTY 1-866-274-6083).