

PASRR Medical Record Request

DATE: _____

TO: _____

ATTN: _____

CC: _____

FROM: _____

RE: _____

The above individual has been referred to Bock Associates for a PASRR Level II Evaluation under contract with the Missouri Department of Mental Health as required by State and Federal Regulations (42 CFR 483.100).

In order to complete this evaluation, Bock Associates is requesting the following records:

- Most Recent Individual Support Plan (ISP)

Please send requested records by fax to (573)634-7317 or email to bock.missouri@bock-associates.com

Your prompt assistance is appreciated. If you have any questions or concerns, please contact Bock Associates at (573)634-7309.

If the individual is a current DMH/DD consumer, please indicate:

Service Coordinator: _____ Phone: _____

The information contained in this request is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this transmission is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify Bock Associates by calling (573)634-7309.

Date Records Received by Bock Associates: _____