

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

DAN PEDDYCORD,
RN, MPA/HA
DIRECTOR OF PUBLIC HEALTH



**CONTRA COSTA
PUBLIC HEALTH**
597 CENTER AVENUE, SUITE 200
MARTINEZ, CALIFORNIA 94553
PH (925) 313-6771
FAX (925) 313-6798

Date: _____

Dear _____:

Upon review of your client chart and medical records, it was discovered that some information was outdated. It is very important that we update the items indicated below in your client chart to maintain your eligibility in this program so that we can continue to provide medical case management services on your behalf. Please see what needs to be updated and returned to me from the list below:

- Photo ID/Proof of Age (one from list)**
 - driver's license/CA ID
 - birth certificate
 - other photo ID: _____
- Proof of medical status (one from list)**
 - Original medical provider letter /chart note
 - Non anonymous test result
 - Current Lab results
- Proof of residency in CCC (one from list)**
 - Letter with official letterhead
 - Utility bill
 - Driver's license/CA ID card
 - Rental Agreement/Mortgage Statement
 - Client Statement Asserting residency (if homeless)
- Proof of income (one from list)**
 - Pay Check Stub
 - Most Recent Bank Statement
 - Tax Return
 - SSI or GA benefit letter
 - proof of self employment affidavit
- Proof of Health Insurance (one from list)**
 - Copy of MediCal Card
 - Copy of Kaiser Card
 - Copy of MediCare Card
 - Copy of Other Insurance Plan

(Please see the other side of this letter for pg. 2)



Additionally, these other consent forms need to be updated in your chart. Please see the list below, and the items checked require your signature and date:

- ARIES Consent (Share/No Share), updated every 3 years
- HIPAA COMPLIANCE STICKER, update annually
- CCC Interagency Release form, update annually
- External release of medical records (optional)
- CCC Roles & Responsibility in Case Management
- CCC Grievance Policy and Consent for Services

If none of the items above are checked, they are current and do not require your signature at this time.

Please provide the requested documentation or sign the updated consent forms indicated, and return it to me in the self-addressed stamped envelope provided.

Thank you for your time, and feel free to contact me if you would like to schedule an appointment.

Best regards,

Medical Case Manager: _____

Phone Number: _____

