

Managed Care Organization Client Information Request Form

Older Adult Protective Services



555 Walnut St., 5th Floor
Harrisburg, PA 17101
Phone: (717) 783-1550

CONFIDENTIAL

Agency Information

Agency Name: _____

PS Investigator Name: _____

Email: _____

Phone: _____ Fax: _____

Client Information

Client Name: _____

Date of Birth: _____ County of Residence: _____

Client Address: _____

City: _____ State: PA Zip: _____

Requested Information

Please provide the following records to the Protective Services investigator:

Behavior health records* (community-based services, treating psychiatrist, etc.)

PCP information (name & address) Diagnoses Medication list

Service plan Service coordinator

Other (specify): _____

Release of information consent obtained

*If available.