State of Alaska **Department of Health & Social Services Division of Public Assistance** Long Term Care Programs

Northern Region

675 7th Ave., Station G Fairbanks, AK 99701 (907) 451-2850 1-800-478-2850 Fax: (907) 451-2808

Coastal / Central 3601 C St., Suite 410 PO Box 240249 Anchorage, AK 99524-0249 (907) 269-8950 1-800-478-4372 Fax: (907) 562-1619

Southeast Region

10002 Glacier Hwy, Ste. 200 Juneau, AK 99801 (907) 465-3537 1-800-478-3537 Fax: (907) 465-4657

Date:	

To: _____

We have information indicating that ______ is a patient in your facility. Before we can determine this person's eligibility for Medicaid or calculate their cost-of-care obligation, we need the following information from you.

Date of Admission:

Expected length of stay: (check appropriate box)

90 days or less I More than 90 days but less than six months I More than six months

Name of Nursing Home:	Contact Person and Phone Number:
Physician's Printed Name:	Physician's Signature:
Telephone:	Address:

NOTE TO HEALTH CARE PROVIDERS ABOUT DISCLOSURES OF PROTECTED HEALTH INFORMATION TO THE DIVISION OF PUBLIC ASSISTANCE

The Division of Public Assistance encourages the use of patient authorization to release protected health information and will attempt to provide a HIPAA-compliant authorization signed by the patient to accompany this request for information. However, please be aware that if an authorization to release information does not accompany this request for information, or if you are unable to obtain an authorization from your patient, HIPAA regulation - 45 CFR §164.512(d) specifically permits disclosures of protected health information to government benefit programs for which health information is relevant to beneficiary eligibility without the patient's authorization.

If you have questions concerning disclosures of protected health information, please contact the Department of Health and Social Services Privacy Official at (907) 465-2150.