



RIVERSIDE - SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

11980 Mt. Vernon Ave. Grand Terrace, CA. 92313 (909) 864-1097

REQUEST FOR POLICY

This form is to be sent to the Quality Management Department for Processing. RSBCIHI will process this request within 3 business days of receipt by the Quality Management Department. RSBCIHI will process only one section of a policy and not an entire manual.

*****Policies may be revised without notice at any time based on organizational, state, federal or other regulations applicable to Riverside-San Bernardino County Indian Health, Inc.*****

Name of Patient: _____ Date of Request: _____
Printed Name of Patient

I, _____ request from Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI) a copy of the following policy:

For the following reason:

Patient Signature: _____

RSBCIHI USE ONLY

Request Received by: _____ Date: _____
RSBCIHI Staff Name

Request Approved and Processed by: _____ Date: _____

Date Mailed or Hand Delivered to Patient: _____

Signature of Patient if Hand Delivered: _____