




**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Mental Health Licensure and Certification**

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### Request for E-Mail Address

**TO:** All Providers with a Mental Health License  
**FROM:** Stephanie Alexander   
**DATE:** May 27, 2009  
**RE:** Request for E-Mail Address

As you know, more and more agencies are moving towards electronic communication. It's faster, more efficient, and saves a lot of paper!

Our agency is working towards this goal. However, in order to effectively communicate we need an accurate contact person and e-mail address from you.

We have already started asking providers at our exit conference if they prefer to receive their 2567 Statement of Deficiencies by e-mail. In the future we hope to have applications on line.

However for now, we simply need accurate information from you. Even if you think we already have your e-mail address, please e-mail the following information to the person specified below, depending on your program:

**MH/DD/SA Facilities:** E-mail: [Carol.Belisle@ncmail.net](mailto:Carol.Belisle@ncmail.net)  
**Information to send:** MHL#  
Name of Licensee (as it appears on your license)  
E-mail Address

**ICF/MR Facilities:** E-mail: [Michelle.B.Byrd@ncmail.net](mailto:Michelle.B.Byrd@ncmail.net)  
**Information to send:** MHL#  
Name of Licensee (as it appears on your license)  
E-mail Address  
Provider #

Thank you!

