

Health Home Consent	Guidance	How to complete the form
Purpose	<ul style="list-style-type: none"> To create a streamline process for completing the Health Home participation authorization and information sharing consent. 	<ul style="list-style-type: none"> To be considered a valid consent the following must be completed. Pages 1 & 2 must be part of the beneficiary record
Page 1 – Health Home Participation Authorization		
	<ul style="list-style-type: none"> Print name of beneficiary 	<ul style="list-style-type: none"> Beneficiary name must be -printed clearly
	<ul style="list-style-type: none"> Print name of Health Home lead 	<ul style="list-style-type: none"> Health Home lead name must be printed clearly
	<ul style="list-style-type: none"> Signature of beneficiary or beneficiary’s legal representative 	<ul style="list-style-type: none"> There must be a signature on this line
	<ul style="list-style-type: none"> Date 	<ul style="list-style-type: none"> The full date must be clearly written
Providing verbal consent	<ul style="list-style-type: none"> When it is not possible to get the beneficiary’s signature prior to services, the Care Coordinator (CC) may explain or read the Health Home Participation Authorization form. The CC must clearly document the interaction 	<ul style="list-style-type: none"> Document in the beneficiaries file if they provided verbal consent or not. Document name of person giving consent, the date consent was given and if there were any witnesses. Also document how the CC will follow up. For Example: <ul style="list-style-type: none"> Mailing a copy of the form with a return envelope for the beneficiary to sign, or Mailing a copy to the beneficiary. <p>Note: Make sure to document on the form itself and in the notes.</p>
Adolescent Beneficiary	<ul style="list-style-type: none"> If the beneficiary is between the ages of 13-17 you must fill out the <i>Health Home Adolescent Information Sharing Consent form</i> (this is in addition to the Health Home Participation form) 	<ul style="list-style-type: none"> Complete the Health Home Adolescent Information Sharing Consent form

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Information Sharing Consent Portion of Document		
Optional disclosure for mental health, HIV/AIDS and STD results, diagnosis, or treatment	<ul style="list-style-type: none"> For the consent to be valid when the beneficiary health records include any mental health, HIV/AIDS or STD information, this section must also be complete. 	<ul style="list-style-type: none"> Initials must be next to the mental health field and/or the HIV/AIDS and STD results, diagnosis, or treatment field. Note – a check mark or a line across the box is NOT considered a valid consent
SUD – To give consent for the release of confidential alcohol or drug treatment	<ul style="list-style-type: none"> Beneficiary must complete a <i>separate release of information for substance use disorder (SUD)</i> form 	<ul style="list-style-type: none"> Complete the separate release of information for substance use disorder (SUD) form and attach in file.
Validity of the consent form	<ul style="list-style-type: none"> Beneficiary must initial option for consent to be valid 	<ul style="list-style-type: none"> Either initial “this consent is valid as long as the Health Home needs my records of the program” or initial “until” and print a clear date. Note – a check mark or line across the box is NOT considered a valid consent
Print name of beneficiary	<ul style="list-style-type: none"> Print the full name of the beneficiary 	<ul style="list-style-type: none"> Beneficiary name must be visible and printed or typed in the document
Beneficiary’s date of birth	<ul style="list-style-type: none"> Print the beneficiary’s full date of birth 	<ul style="list-style-type: none"> Print the beneficiary’s full date of birth. Example: 01/01/2020 or January 01, 2020
Signature of beneficiary or beneficiary’s legal representative	<ul style="list-style-type: none"> Must be signed for the consent to be valid (<i>See Providing verbal consent, below</i>) 	<ul style="list-style-type: none"> Beneficiary or beneficiary’s legal representative signs the information sharing consent portion of the form
Providing verbal consent for beneficiary or beneficiary’s legal representative	<ul style="list-style-type: none"> When it is not possible to get the beneficiary’s signature prior to services, the Care Coordinator (CC) may explain or read the Health Home Participation Authorization form. The CC must clearly document the interaction 	<ul style="list-style-type: none"> Document in the beneficiaries file if they provided verbal consent or not. Document name of person giving consent and date/time and if there were any witnesses and how the CC will follow up. For example; mailed the form with a return envelope for the beneficiary to sign, or mailed a copy to the beneficiary. Note - Make sure to document on the form itself and in the notes.

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Date	<ul style="list-style-type: none"> Full date must be visible and clearly written 	<ul style="list-style-type: none"> Print the date the beneficiary signed the consent. Example: 01/01/2020 or January 01, 2020 									
Print name of legal representative (if applicable)	<ul style="list-style-type: none"> Print the full name of the legal representative if applicable 	<ul style="list-style-type: none"> Legal representative name must be printed clearly 									
Relationship of legal representative to beneficiary	<ul style="list-style-type: none"> Print the relationship of legal representative to beneficiary if applicable 	<ul style="list-style-type: none"> Print the relationship of legal representative to beneficiary if applicable 									
Page 2 – Release of information											
If there is a past lead or CCO make sure to clearly write in their name	<ul style="list-style-type: none"> Past lead or CCO will not be able to share information if this is section is not complete 	<ul style="list-style-type: none"> Print the name of the past lead or CCO and have beneficiary date and initial. Note - if there is not a full date or initials of the beneficiary the release of information is NOT considered valid. 									
List any and all providers/people/facilities in the following lines that the beneficiary would like to have the CC be able to share health information with	<ul style="list-style-type: none"> Each entity, providers or people must have their own line item to be considered a valid release. If the consent is prepopulated with provider types, example; Provider, PCP, Pharmacy – the CC should prompt the beneficiary to provide a specific provider and add their name in the form 	<ul style="list-style-type: none"> Print clearly the name of the provider/facility/people. Note - if there is not a full date or initials of the beneficiary, the release of information is NOT considered valid. 									
Providing a copy of the Health Home Participation and information Sharing Consent Form	<ul style="list-style-type: none"> Provide a copy of the Health Home Information Sharing Consent Form upon request. 	<ul style="list-style-type: none"> Document if a copy was provided to the beneficiary 									
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 									
Examples of a valid release of information		<table border="1"> <thead> <tr> <th><u>Name of provider/partner</u></th> <th><u>Date</u></th> <th><u>Beneficiary initials</u></th> </tr> </thead> <tbody> <tr> <td>• Providence Health System</td> <td>01/01/2020</td> <td>AA</td> </tr> <tr> <td>• Jane Smith</td> <td>01/01/2020</td> <td>AA</td> </tr> </tbody> </table>	<u>Name of provider/partner</u>	<u>Date</u>	<u>Beneficiary initials</u>	• Providence Health System	01/01/2020	AA	• Jane Smith	01/01/2020	AA
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		Dr. Jimmy Waters	01/01/2020	AA
Examples of NOT a valid release of information	Do not write in generic provider categories such as ‘dental care provider’ or ‘primary care doctor.’ A specific provider name and/or specific treating clinic should be identified by the beneficiary	<ul style="list-style-type: none"> Any Provider Any hospital No name at all “whoever needs information” Acronyms for health care providers such as “CHI” or “MHS” 		
Beneficiary withdrawing participation in the Health Home program	The beneficiary may withdrawal the Participation Authorization for Health Home at any time they chose. If available, the client will sign the Health Home Participation – Opt-Out/Decline Services form	<ul style="list-style-type: none"> The beneficiary will sign and date the form if they are available to do so. If the beneficiary declines, the care coordinator will complete on the beneficiaries behalf and mail a copy to the beneficiary 		
Beneficiary adding or withdrawing consent for specific providers/partners	<ul style="list-style-type: none"> If the beneficiary chooses to add or withdrawal consent for providers they may do so by filling out the consent form. For adding a provider/partner use the “beneficiary gives consent” section of the form. If the beneficiary would like to withdrawal consent they must fill out the “beneficiary withdrawals consent” columns on the consent form 	<ul style="list-style-type: none"> The beneficiary must also initial and date the consent for the addition or withdrawal to be considered valid. 		
Beneficiary information sharing consent process	<ul style="list-style-type: none"> Explain to the beneficiary on how their information and sharing process will be used. 	<ul style="list-style-type: none"> Provide information that providers/partners will use the beneficiary’s health information to coordinate and help the beneficiary’s health care. Please see page 3 of the consent form for details regarding beneficiary information sharing consent process 		
Notes		<ul style="list-style-type: none"> A line down the page after first initial or first date is NOT considered valid 		

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		<ul style="list-style-type: none">• A check mark instead of initials is NOT considered valid• If there is not a full date the release is NOT considered valid example 12/21 (unclear if this is December 2020 or December 21, Year?), 12/20 (unclear if this is December 20th or December 2020)• Date must be filled out as follows:<ul style="list-style-type: none">○ 01/01/2020○ January 1, 2020○ 01/01/20• Beneficiary initials MUST be on each line that has an entity attached.• The Health Home Participation Authorization must be filled out by the beneficiary to begin Health Home services but the Information Sharing Consent form is optional. Note, if the Information Sharing Consent form is not filled out the CC may not share information with any of the providers etc.
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