

Health Home Participation Authorization Information Sharing Consent Form Guidance

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"> Complete the Health Home Participation Authorization Information Sharing Consent form. Make sure to include both pages in client record.
	<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. <p>Note: The Adolescent Information Sharing Consent form may not be provided verbally.</p>

This document serves as a guide for documentation of Health Home Participation Authorization Information Sharing Consent. Please contact the Lead Organization for additional documentation requirements. Consult supervisor for documentation requirements established within the agency.

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. <p>Note: A check mark or a line across the box is NOT considered a valid consent.</p>
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 Release of information (ROI) for substance use disorder (SUD) services and attach in file. <p>Note: The release of information for substance use disorder (SUD) form may not be provided verbally.</p>
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. <p>Note: A check mark or line across the box is NOT considered a valid consent.</p>
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 	<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 if there were 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.

This document serves as a guide for documentation of Health Home Participation Authorization Information Sharing Consent. Please contact the Lead Organization for additional documentation requirements. Consult supervisor for documentation requirements established within the agency.

Health Home Participation Authorization Information Sharing Consent Form Guidance

	form. The CC must clearly document the interaction	Note: Make sure to document on the form itself and in the notes.
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"> Clearly print 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.
Annual Consent Review		
	Review date <ul style="list-style-type: none"> (MM/DD/YYYY): Full date must be visible and clearly written 	<ul style="list-style-type: none"> Each year, the CC should be reviewing document with beneficiary. Print the date the beneficiary signed the consent. Example: 01/01/2020 or January 01, 2020.
	<ul style="list-style-type: none"> Care Coordinator Name 	<ul style="list-style-type: none"> Care Coordinator will print their name and sign each time they review document with beneficiary.

This document serves as a guide for documentation of Health Home Participation Authorization Information Sharing Consent. Please contact the Lead Organization for additional documentation requirements. Consult supervisor for documentation requirements established within the agency.

Health Home Participation Authorization Information Sharing Consent Form Guidance

	<ul style="list-style-type: none"> Care Coordinator Signature 	<ul style="list-style-type: none"> Care Coordinator will print their name and sign each time they review document with beneficiary. 												
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. 												
Examples of a valid release of information		<table> <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> <tr> <td>• Dr. Jimmy Waters</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	• Dr. Jimmy Waters	01/01/2020	AA
<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												
• Dr. Jimmy Waters	01/01/2020	AA												
Examples of NOT a valid release of information	<p>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</p>	<ul style="list-style-type: none"> Any Provider Any hospital No name at all “Whoever needs information” <p>Acronyms for health care providers such as “CHI” or “MHS”</p>												
Beneficiary withdrawing participation in the Health Home program	<p>The beneficiary may withdrawal the Participation Authorization for Health Home at any time they chose. If available, the client will sign Health Home Participation (Opt-Out/Decline Services).</p>	<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 beneficiary’s behalf and mail a copy to the beneficiary. 												
Beneficiary adding or withdrawing consent for specific providers/partners	<p>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</p>	<ul style="list-style-type: none"> The beneficiary must also initial and date the consent for the addition or withdrawal to be considered valid. 												

This document serves as a guide for documentation of Health Home Participation Authorization Information Sharing Consent. Please contact the Lead Organization for additional documentation requirements. Consult supervisor for documentation requirements established within the agency.

Health Home Participation Authorization Information Sharing Consent Form Guidance

	withdrawals consent” columns on the consent form	
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. 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.

This document serves as a guide for documentation of Health Home Participation Authorization Information Sharing Consent. Please contact the Lead Organization for additional documentation requirements. Consult supervisor for documentation requirements established within the agency.