

CARE COORDINATION RELEASE OF INFORMATION (ROI)

April 24, 2017

FORM SUGGESTIONS

KAISER

- Change the word “consent” to “authorization.” *Because the entities to which PHI would be disclosed are not covered entities, the consent needs to be converted to an authorization and requires certain elements which are included in Kaiser’s edits.*
- Add a check box for Addiction Medicine Treatment Records in the section for disclosure of Mental Health and HIV/AIDS and STD treatment.
- Delete the statement “Your health information is private and cannot be given to other people without your permission...” Replace it with “Plan may not condition treatment or coverage on the individual providing this authorization.”

HEALTH NET

- In the section for disclosure of Mental Health and HIV/AIDS and STD treatment, include chemical dependency services so that the member would only have one form to fill out. If a separate ROI will be required for disclosure of information about chemical dependency services, delete the references to substance abuse treatment on page 3.
- Add “If no date or event is provided, this authorization will expire in one year.”
- Add “If I choose not to sign this form, it will not affect my Medi-Cal benefits or my enrollment into a GMC plan. However, by not signing this form, I will not be able to participate in xx Program.
- Add a statement for situations where someone other than the member is signing the form. Also add an acknowledgement statement just before the signature line.
- On the lines where providers are listed, include a place for contact information such as phone, address, fax, and/or email.
- On page 3, check box section, physical health, mental health, and prescription information should not be on one check box. What if member wants to disclose physical health but not mental health information?
- Is the form written at a 6th grade reading level which is necessary for Medi-Cal members?

PROCESS ISSUES

- Will the form be used for Health Homes only or is it meant as a universal form? How is “health home” defined? How would a member know what/who his health home is?
- Health Plans and business associates are required to protect health information. Will community based partners have the same obligation? How will they secure private health information?
- Who will be the lead entity keeping the form?
- Will the form only be used for the Medi-Cal line of business?
- Health Plans have ROI forms specific to their plan. Are plans willing to use a form that is specific to Sacramento County only?
- Whose Notice of Privacy Practices is referenced in #4 of the Q and A section?
- Where is the “Health Home Information Sharing **Withdrawal** of Consent Form?”