



**Consent to Release Health Information to Coordinate Physical and Behavioral Health Care**

Sometimes you need to see a number of different providers to get all the services you require. This includes behavioral health providers and physical health providers. All of your providers and managed care organizations should work together to provide you with the best possible care, but your providers and managed care organizations can only talk to each other with your permission. Please consider giving this permission. Allowing your providers and managed care organizations to talk to each other about your care will help ensure that you are receiving all the care you need.

By signing this form, you are telling us that it is OK for your primary care provider, your behavioral health care providers, your physical health managed care organization and your behavioral health managed care organization to share health information about you for the purpose of planning and coordinating your health care. This helps your providers and managed care companies work together to take better care of you.

If you do not sign this form, your benefits will stay the same. Some information may still be shared even if you do not sign this consent form, but only in the way it says in the law. If you have questions about your rights or if you need more details about how your health information is shared, please call the member services number on the back of your Medicare Card or in your member handbook.

<b>Part 1 Member Information</b>			
Last Name	First Name	Middle Initial	
Medicare Assured® ID Number:	Date of Birth (MM/YYYY)	Phone Number (with area code):	
Address	City	State	Zip Code

**Part 2 Who can my health information be given to?**

**This Consent to Release Information is being requested by:**

Organization Name:	Phone Number (with area code):
Address	

**I agree that my health information can be shared with my primary care physician (PCP) below:**

Primary Care Provider (PCP) Name:	Phone Number (with area code):
Address	



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**I agree that my health information can be shared with my behavioral health provider below:**

Behavioral Health Care Provider Name:	Phone Number (with area code):
Address	

**I agree that my health information can be shared with the other physical health or behavioral health provider(s) below (if you have more than one physical health or behavioral health provider):**

Physical/Behavioral Health Care Provider Name:	Phone Number (with area code):
Address	
Physical/Behavioral Health Care Provider Name:	Phone Number (with area code):
Address	

**I agree that my health information can be shared with Highmark Wholecare and my Behavioral Health Managed Care Organization below. Please check your managed care organization(s):**

- Community Behavioral Health, Inc. (CBH)
- Community Care Behavioral Health Organization (CCBHO)
- Magellan
- PerformCare
- Beacon Health Options (Formerly Value Behavioral Health)

**I agree that my health information can be shared with Highmark Wholecare and my Community HealthChoices (CHC) below. Please check your managed care organization(s):**

- AmeriHealth Caritas
- PA Health and Wellness
- UPMC Community HealthChoices
- KeystoneFirst

**Part 3 Why are you sharing this health information?**

Sharing this information allows your physical health and behavioral health managed care organizations and providers to better manage and coordinate your health care. While the health care plan developed will be unique to your own needs, some common goals include, but are not limited to: (1) making sure the medications that you are taking are safe to take together; (2) coordinating the health care services you are receiving; and (3) making sure the health care you are receiving is helping keep you healthy and well.

**Part 4 What health information can we share?**

My general physical health information will be shared if I sign this form.

Some information requires special permissions to release. I am OK with the following information being shared:



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- Pregnancy
- Family Planning
- Mental/Behavioral Health
- Developmental Disabilities
- HIV/AIDS Testing or Treatment
- Sexually Transmitted Disease
- Alcohol and/or drug abuse

Do not check any of the boxes if you are not OK with sharing any of the information listed above.



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**Part 5 I understand that:**

I can take back or cancel my permission (OK) on this consent form at any time. This will not take back the information that was already shared, but it will make sure no more of my medical information is shared. If I want to take back my permission (OK), I must tell the organization who requested this form from Part 3 above. I can call the member services number on the back of my behavioral or physical health managed care ID card or in my member handbook.

**Part 6 Signature of Member**

- Even if I do not sign this form, I will still get the benefits and treatment I need.
- My medical information that is shared because I sign this form may be shared again by those who receive it. It may not be protected by federal or state privacy laws. These laws do not always apply to everyone. In the event there is drug and/or alcohol treatment information or HIV-related information in my records, that information cannot be shared with anyone unless I give my permission (OK) in writing again.
- My permission (OK) lasts for 1 year from the date I sign this form. I may cancel my permission at any time by calling the member services number on the back of my Medicare ID card or in my member handbook.

I give my permission (OK) to share the information listed on this form.

\_\_\_\_\_  
Signature or mark of Member

\_\_\_\_\_  
Date

**If the member is under the age of 18, the member's parent/guardian also needs to provide consent:**

\_\_\_\_\_  
Signature or mark of Member's Parent/Guardian

\_\_\_\_\_  
Date



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**Part 7 Signature of Authorized Representative (if any)**

If this consent form is signed by someone who is not the member listed at the beginning of this consent form, attach any documents (e.g. general power of attorney) that verifies the signer's legal authority to act for and on behalf of the member.

\_\_\_\_\_  
Signature of person signing on behalf of member

\_\_\_\_\_  
Relationship to member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_



## Non-Discrimination Notice

We comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380, 8 AM to 8 PM, 7 days a week from October 1 through March 30th. From April 1 through September 30, 8 AM - 8 PM, Monday through Friday. TTY users should call 711.

If you believe that Highmark Wholecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Highmark Wholecare Appeals and Grievances  
PO Box 22278  
Pittsburgh, PA 15222

Phone: 1-844-207-0336  
Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, our Appeals and Grievances team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **CHINESE**

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **VIETNAMESE**

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **KOREAN**

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711)로 연락주시기 바랍니다.

## **TAGALOG**

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (телетайп: 711).

## **ARABIC**

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجانًا من أجلك. اتصل بالرقم PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (الهاتف النصي: 711).

## **FRENCH CREOLE**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **FRENCH**

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **POLISH**

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

## **PORTUGUESE**

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua.

Telefone para PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **ITALIAN**

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **JAPANESE**

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711)までお問い合わせ下さい。

### **GERMAN**

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711) kostenlos zur Verfügung.

### **FARSI**

توجه: چنانچه به زبان فارسی صحبت می کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. با شماره PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711) تماس بگیرید.

### **SERBO-CROATIAN**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

### **PENNSYLVANIA DUTCH**

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **NEPALI**

धुं न िं दनह सः तप इल नेप ल् ब् ल् नहनछ भन् े तप इक िं िं नमत भू ष् स ह्य त् स् ेव ह िं न् शल् क प म् उपलब धछ । फ नगन ह् स  
1-800-685-5209, (□ ट □ टव इ: 711)

### **OROMO**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **BANTU**



ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **CAMBODIAN**

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។  
ចូរ ទូរស័ព្ទ PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711)។

### **HMONG**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **HINDI**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711) पर कॉल करें।

### **LAO**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **GUJARATI**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **DUTCH**

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).

### **UKRAINIAN**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (телетайп: 711).

### **ROMANIAN**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, KY: 1-855-847-6380 (TTY: 711).