



AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT INFORMATION FOR COORDINATION OF CARE

Name of Patient: _____ **DOB:** _____

Address: _____ **Phone Number:** _____

Medical Assistance Number: _____

Section 1: Purpose of Authorization

This Authorization to disclose is for the purpose of permitting the Maryland Medical Assistance Program (the Medicaid program), my substance use treatment provider, and any other providers identified in this form for healthcare operations and payment purposes, including but not limited to care coordination, so that it is more beneficial to me. By giving my consent, my Medicaid Managed Care Organization and any other providers specifically identified on this form will have access to information about substance use treatment I am receiving, which will help avoid conflicts in medication or treatment and improve the care I am receiving. By giving this consent, I may also gain access to other case management services offered through the Medicaid program.

Section 2: Entities Authorized to Disclose My Substance Use Disorder Records

My Substance Use Disorder Provider(s), or if indicated, the provider listed below:

_____ Address: _____

Section 3: Duration and Revocation of Authorization

This authorization will expire one year from the date I sign it. I may revoke this authorization at any time by notifying the Maryland Medicaid Program's Administrative Services Organization, Optum Maryland, either orally or in writing at the address below; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed. To revoke the authorization, notify Optum at:

Optum Maryland
P.O. Box 30531
Salt Lake City, UT 84130
Phone: 800.888.1965
Fax: 855-293-5407

Section 4: Authorization

I hereby authorize my substance use treatment provider(s) to disclose to the Maryland Medicaid Program (including its administrative services organization, Optum Maryland), claims and authorization data resulting from my treatment, for purposes of healthcare operations and payment purposes, not limited to coordination of my care . If you want to identify the kind or amount of information that you are authorizing for disclosure, you may do so here:

_____.

I also authorize the Maryland Medicaid Program (including Optum Maryland) to re-disclose my claims and authorization data to the Medicaid Managed Care Organization (MCO) in which I am enrolled, and with any additional health care providers listed on this form below, for purposes of coordinating my health care.

I further authorize my substance use treatment provider(s) to disclose medical records requested by my MCO's patient care coordination team, for purposes of coordinating my care.

Section 5 (OPTIONAL): I authorize the Maryland Medicaid Program, Optum Maryland, my MCO, and my substance use disorder treatment provider(s) to disclose all substance use disorder treatment records to the additional health care provider(s) specified below for treatment purposes:

I do not want to have my SUD treatment records shared with additional providers.

Name: _____

Address: _____

Name: _____

Address: _____

If you want to identify the kind or amount of information that you are authorizing for disclosure, you may do so here:

_____.

I understand that the information that may be disclosed as a result of this authorization may not be redisclosed to any other entity except those entities identified in this authorization.

I also understand that, for two years following the date of my signature, I have the right to find out who in the MCO actually saw my information.

I have been provided a copy of this Authorization.

Patient Signature _____ Date _____

Parent or Guardian Signature* (if applicable) _____ Date _____

* NOTE: If you are signing as the member's Legally Authorized Representative, attach a copy of the legal document(s) granting you the authority to do so. Examples are a health care power of attorney, a court order, guardianship papers, etc. The following are the Maryland Medicaid Managed Care Organizations (MCOs).

FAX completed form to Optum Maryland: 1-855-293-5407 or

Mail to: Optum Maryland, Attn: ROI

P.O. Box 30531

Salt Lake City, UT 84130

Aetna

Compliance Officer

509 Progress Drive, Suite 117

Linthicum, MD 21209

866-827-2710

MedStar Family Choice

Compliance Officer

5233 King Avenue, Suite 400 Baltimore, MD

21237

800-905-1722

Wellpoint Maryland

Compliance Officer

7550 Teague Road, Suite 500

Hanover, MD 21076

410-859-5800

Priority Partners

Compliance Officer

7231 Parkway Drive

Hanover, MD 21076

Jai Medical Systems, Inc.

301 International Circle

Hunt Valley, MD 21030

888-524-1999

CareFirst BlueCross BlueShield Community Health Plan

(formerly University of Maryland Health Partners)

1966 Greenspring Drive, Suite 600

Timonium, MD 21093

410-878-7709

Kaiser Permanente Compliance Officer

2101 East Jefferson Street Rockville, MD 20852

301-816-2424

United Healthcare

10175 Little Patuxent Parkway

Columbia, MD 21044

800-487-7391

Maryland Physicians Care

1201 Winterson Road, Suite 170

Linthicum, MD 21090

800-953-8854