

Maryland Health Homes

Consent to Receive Health Home Services

By signing this form, you agree to receive Health Home services from _____.
This means that your mental health or substance use disorder provider will begin to give you additional services designed to help you better manage your health. This may include assisting with scheduling appointments with other providers, offering information about your physical health conditions, following up when you are seen in a hospital, or connecting you with other resources that can help improve your well-being.

While participating in a Health Home will help make sure you get the services you need, you will still be able to get health care and health insurance even if you do not sign this form or do not want to receive Health Home services from _____.

Your health information is private and cannot be given to other people without following Maryland and U.S. laws and rules. Some special laws cover care for HIV/AIDS, mental health records, and drug and alcohol use. The partners that can get and see your health information must obey all these laws. They cannot share your information unless you agree or the law says they can give the information to other people. This is true if your health information is on a computer system or on paper. This form does not change the laws and regulations the partners must follow.

Health Home participation includes allowing your provider to be alerted if you visit a hospital so that they can give you follow-up services. This is done using the Chesapeake Regional Information System for our Patients (CRISP). If you would like to opt-out of participating in CRISP's information exchange, you may do so by calling 1-877-95-CRISP (27477). However, opting out will mean that your Health Home will not be aware when they need to give you important follow-up services.

Please read all the information on this form before you sign it.

I AGREE to receive Health Home services from _____'s Health Home.
I understand that my consent lasts until I take back my consent, which can be done by signing a Withdrawal of Consent Form.

Participant Name (please print): _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____