

**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 to coordinate my care 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: Name of Substance Use Treatment Provider [TO BE COMPLETED BY PROVIDER]

Address: _____

Section 3: Duration and Revocation of Authorization

I may revoke this Authorization at any time either verbally or in writing, by informing my substance use treatment provider of my wish to revoke authorization. I may also revoke this authorization by writing to the Maryland Medicaid Program's administrative services organization, Beacon Health Options, at:

Beacon Health Options
EDI Helpdesk / PO Box 1287, Latham, NY 12110
Phone: 800.888.1965
Fax: 877.502.1044

This Authorization's effective date is:_____ . This Authorization expires when (1) I revoke the Authorization; (2) I am no longer enrolled in a Medicaid Managed Care Organization; or (3) I am no longer receiving treatment from a substance use treatment provider.

Section 4: Authorization

I hereby authorize my substance use treatment provider to disclose to the Maryland Medicaid Program (including its administrative services organization, Beacon Health Options), claims and authorization data resulting from my treatment, for purposes of 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 Beacon Health Options), to re-disclose my claims and authorization data to the Medicaid Managed Care Organization 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 to disclose medical records requested by my MCO's patient care coordination team, for purposes of coordinating my care.

I understand that the information that may be disclosed as a result of this authorization may not be re-disclosed to any entity other than 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

Additional health care provider(s) with whom information about my care may be shared:

Name: _____

Address: _____

Name: _____

Address: _____

* 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):

Amerigroup Community Care

Compliance Officer
7550 Teague Road, Suite 500
Hanover, MD 21076
410-859-5800

MedStar Family Choice

Compliance Officer
5233 King Avenue, Suite 400
Baltimore, MD 21237
410-933-2204

Jai Medical Systems

Compliance Officer
5010 York Road
Baltimore, MD 21212
410-433-2200

Priority Partners

Compliance Officer
Baymeadow Industrial Park
6704 Curtis Court
Glen Burnie, MD 21060
410-424-4400

Kaiser Permanente

Compliance Officer
2101 East Jefferson Street
Rockville, MD 20852
301-816-2424

Riverside Health of Maryland

Compliance Officer
1966 Greenspring Dr., 6th Floor
Timonium, MD 21093
410-878-7709

Maryland Physicians Care

Compliance Officer
509 Progress Drive
Linthicum, MD 21090-2256
800-953-8854

UnitedHealthcare

Compliance Officer
Lyndwood Executive Center
6095 Marshalee Dr, Suite 200
Elkridge, MD 21075
410-379-3457