AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

***All fields marked with an asterisk are required.**
If any of these fields are incomplete, the form will be considered invalid.

Client Information Please print legibly.	Legal Name*: _____ Date of Birth*: _____ Other Names Used: _____ Phone Number: _____
Health Care Provider, Person, or Agency With **whom** may Accanto Health, with brands The Emily Program (TEP), Gather Behavioral Health (GBH), and/or their management companies share/ receive your information?	_____ ☐ Check this box if TEP/GBH may communicate with any person at the listed clinic/agency Name of Provider and Clinic, or Person* _____ _____ Provider/Person Relationship to Client Provider/Person Address (minimum of city, state) * _____ _____ Provider/Person Phone Number* Provider/Person Fax Number or Email Address
Communication* **How** will TEP and/or GBH share/receive your information? **You may choose one or both options.**	☐ Sending/requesting copies of records (via mail, fax, or encrypted email) to the person identified above ☐ Verbal communication with the person identified above
Information to be Released* **What** is to be released? **Please check all that apply.** Substance use disorder, HIV/AIDs, and genetic information may be included in records **unless** client initials here:_____	☐ Summary Record Set (Includes evaluations/assessments, discharge summaries, & recent clinical notes) ☐ All records (includes **all** listed items) ☐ Initial Evaluations/Assessments ☐ Treatment Plans ☐ Discharge & Transition Summaries ☐ Nutrition Notes/Meal Plan ☐ Medical Notes/Labs/EKGs ☐ Individual & Family Therapy Notes ☐ Psychiatry Notes ☐ Medication List ☐ Education Notes ☐ Administrative Records (appointments, billing, demographic Information) ☐ Other (please specify): _____
Purpose of the Release of Information* **Why** is the release needed?	Purpose of Release is **continuation of care** unless otherwise specified: ☐ Personal ☐ Insurance ☐ Disability ☐ Leave / FMLA ☐ Legal ☐ Other (please specify): _____

Statement of Authorization: I understand that:

- I may revoke this consent at any time, except to the extent that Accanto Health have already acted in reliance on it, by providing a completed Request for Revocation of ROI to the address listed on the bottom of this page. **After one year, this consent automatically expires.**
- I have been informed what information will be released, its purpose, and who will receive the information, and I may inspect or copy the protected health information to be used or disclosed under this authorization per applicable state and federal laws.
- Any substance use disorder treatment and diagnosis records are protected under federal regulation 42 CFR Part 2 and disclosure is allowed only with this specific authorization, except in limited circumstances as stated in Accanto Health's Notice of Privacy Practices and Informed Consent.
- HIPAA requires Accanto Health to notify me that information disclosed pursuant to this authorization might be re-disclosed by the recipient and is no longer protected by HIPAA.
- I may refuse to sign this authorization. Accanto Health will not condition treatment, payment, enrollment, or eligibility for services based on whether I sign this authorization.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AUTHORIZATION FORM AND AUTHORIZE ACCANTO HEALTH TO RELEASE THE ABOVE SPECIFIED INFORMATION TO THE PARTY IDENTIFIED ABOVE FOR THE PURPOSE IDENTIFIED ABOVE.

_____

Client Signature or Parent/Guardian/Legal Representative Signature* Date*

_____

Parent/Guardian/Legal Representative Printed Name *(if applicable)* Relationship to Client

Send this Release of Information form and records to:

Gather Behavioral Health / The Emily Program MN, OH, PA, WA Attn: Medical Records 1295 Bandana Blvd West, Suite 210 Saint Paul, MN 55108 F: (844) 358-8782	The Emily Program GA, NC, VA *(Prev. Veritas Collaborative)* Attn: Medical Records 4024 Stirrup Creek Dr Durham, NC 27703 F: (919) 205-4390

Date revised: September 1st, 2024

FAQs about Releases of Information (ROIs)

What is a Release of Information Form (ROI) and what is it for?

A Release of Information Form (ROI) documents your consent for Accanto Health, with brands The Emily Program (TEP) and Gather Behavioral Health (GBH) to share information about you and your care with your other health care providers such as a primary care doctor or specialist. It also gives your team at Accanto Health permission to communicate with family members and support people.

Why is an ROI needed?

To comply with federal health care laws and to ensure your privacy. Accanto Health must obtain your consent in writing before communicating with outside persons about you or the services you are receiving at TEP and/or GBH. Filling out an ROI will help your team coordinate care with other professionals you are working with and help us provide you with the most complete and comprehensive care possible.

Who should I fill out an ROI for?

- Any health care or service providers, outside of TEP and/or GBH, that are currently participating in your care. It can also be beneficial to allow information to be exchanged with past providers as well. Examples: primary care provider, psychiatrist, other therapists, nutrition counselors, etc.
- Any support persons (parents, friends, family, or partners) that you would like to be able to exchange information, work with scheduling, or otherwise support you in your care.
- If you use a medical transportation company, an ROI is required for our staff to communicate with drivers, dispatchers, etc.

What is the difference between the two available communication options?

When you authorize us to share information with the identified person, you have two options as to how TEP and/or GBH should communicate that particular information to the person:

- Sending/requesting copies of records (via mail, fax, or encrypted email) to the person identified
  - This option allows Accanto Health to send copies of your actual, physical medical record (e.g., lab results, progress notes, assessments, etc.).
- Verbal communication with the person identified
  - This option allows Accanto Health to communicate certain aspects of your care and treatment via verbal communication only. For example, if you allowed us to share updates about your lab results with a parent via verbal communication, we would share that information verbally over the phone or in person, but not provide a copy of the actual lab results.

For certain people involved in your treatment (e.g., your primary care provider or your parents), it may make the most sense to check both options, which allows Accanto Health to fully communicate and coordinate your care with the identified individuals important to you.

For how long is an ROI valid?

ROIs are valid for one year from the date that they are signed unless you revoke the ROI prior to that date. ROIs also expire if the signer's authority changes. For continued communication, ROIs must be updated annually.

What if I/we decide not to fill out an ROI?

Electing not to complete an ROI means that all of your treatment information at TEP and/or GBH will remain between you and the providers and staff at TEP and/or GBH.

How do I know what types of information to consent to release?

If you are filling out an ROI for the coordination of care between one of your providers at TEP and/or GBH and another health care provider and are unsure of what information to allow for release, we encourage you to speak with your provider to discuss the best options. Selecting the "all records" option will allow for the most flexibility in coordinating and communicating with the provider or person listed. Below the options on the ROI are listed with clear definitions of what is included:

- *Summary Record Set* - Includes evaluations/assessments, discharge summaries, and the most recent of each type of clinical note (medical, psychiatric, nutrition, and therapy)
- *Initial Evaluations/Assessments* –Includes all of the assessments completed at the beginning of care with TEP and/or GBH with your therapist, dietitian, psychiatric provider, medical provider and/or nurse, and education staff.
- *Treatment Plans* – These plans are developed with the individual therapist.
- *Discharge & Transition Summaries* – These documents give a summary of progress in treatment and next steps planned between providers and clients, patients, and parents. These summaries may be completed by therapists, dietitians, medical providers, psychiatric providers, or education staff when you discharge from a program.
- *Nutrition Notes/Meal Plan* – Includes all nutrition follow-up notes and meal plans.
- *Medical Notes/Labs/EKGs* – Includes all medical follow-up notes completed by your medical provider, lab results, and EKG reports. The follow-up notes may also include medication lists.
- *Individual & Family Therapy Notes* – These notes are created by your individual or family therapist during therapy sessions.
- *Psychiatry Notes* – Includes all psychiatry follow-up notes created by your psychiatric provider. These notes may include medication lists.
- *Medication List* – This document will include a listing of all of your current medications recorded in your chart.
- *Education Notes* – Includes all follow-up notes regarding education and schooling at TEP and/or GBH.
- *Administrative Records* – This category encompasses information that is not clinical, including information about appointment dates and times, billing, and demographic information.

If there is a specific type of information that you do not see included on the ROI, you may write that item in the "other" option.

How can I revoke my consent?

ROI's <u>can</u> be revoked before their 1-year expiration date. To do this, please complete the Request for Revocation of Release of Information form available on our website and return it to the Medical Records department at TEP or GBH via mail, fax, or to Records@accanto.com. Completed forms that are received will be kept in your chart as record of the revocation.