CareLink
One partner for community and post-acute solutions.

Mobile Healthcare Enrollment and Authorization

Send **(1)** ***fully completed*** form, **(2)** Primary Care Provider's order/prescription, **(3)** copy of insurance card(s), **(4)** current medication list, and **(5)** recent H&P to FAX **401-432-6687** or email **HealthServices@CareLinkRI.org.**

Facility:_____ **Circle**: ALF SNF Ind. Living GH **Address**:_____

Resident / Participant information (*Below*)**:** **Referring MD Name**:_____

_____

Name: Last First Middle Initial Date of Birth

Service(s) enrollment and/or requests: *(Check applicable)*

Audiology: Now☐ Future☐ **Optometry**: Now☐ Future☐ **Psychiatry**: Now☐ Future☐

Podiatry: Now☐ Future☐ **Outpatient Rehab**: Now☐ Future☐ **Dentistry:** Now☐ Future☐

***Podiatry Requirement**: Last PCP/Attending Visit Date:* ***Dentistry Requirement**: Last Dental Visit Date:*

Now = Schedule resident for services. Future = Community will contact if services are needed.

Medical / Dental insurance information:

Insurer:_____ Policy #:_____

Insurer:_____ Policy #:_____

Consent for treatment for services checked above:

By signing below, I or my substitute decision maker agree to treatment by a CareLink clinical provider, whether via direct care or Telehealth, until withdrawn by signee or Health Care Proxy.

☐ Patient or ☐ Health Care Proxy:

Signature:_____ Name:_____

Relationship:_____ Telephone:_____ Date:_____

☐ Staff Receiving Verbal Consent ***(Name/signature)***:_____ ***Title***:_____

Consent for billing / payment:

I hereby assign all health insurance benefits to CareLink for services rendered. This assignment includes benefits payable by Medicaid and all other insurance programs of which I/the resident am/is a beneficiary. I authorize the release of all information from all sources necessary to secure payment. I understand that I am responsible for any fees and/or co-payments not covered by insurance. I also acknowledge that I have received the CareLink Notice of Privacy Practices.

☐ Patient or ☐ Financially Responsible Party

Address (***Required***):_____

Name:_____ Signature:_____

Relationship:_____ **Telephone**:_____ Date:_____

☐ Staff Receiving Verbal Consent ***(Name/signature)***:_____ ***Title***:_____

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information. As well as your rights to access and control your Protected Health Information. "Protected Health Information" ("PHI") is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health and related health care. We are required to safeguard your PHI, to provide you with notice of our legal duties and privacy practices and to abide by the terms of this Notice of Privacy Practices. This notice takes effect on April 17, 2008 and will remain in effect until we replace or modify it. A revised Notice of Privacy Practices can be obtained by calling our office to request a copy be sent to you in themail.

Uses and Disclosures of PHI for Treatment, Payment and Healthcare Operations
Your PHI may be used and disclosed by your healthcare provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services, to pay your health care bills and / or to support the operation of our practice. Below are some examples of the types of uses and disclosures we may make. These examples are not meant to be exhaustive or all-inclusive.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with the healthcare personnel at the facilities at which we treat you. For example, we would disclose your PHI, as necessary, to a nursing facility that provides care to you. We would also disclose PHI to other physicians who may be treating you. We may also disclose your PHI to obtain durable medical equipment for you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services, through billing, claims management and collection activities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities, including preauthorization of services. For example, a claim submission to your insurer would require your condition and services rendered to be disclosed to the insurer for payment.

Healthcare Operations: We may use or disclose, as needed, your PHI to support our business activities. These activities include, but are not limited to, quality assessment, employee review and licensing. We may use or disclose your PHI, as necessary, to contact your facility to remind you or the staff of your scheduled care. We may share your health information with third party "business associates" that perform various activities (e.g., billing) for the practice. Any arrangement with a business associate involving the use or disclosure of your PHI will have a written contract that contains terms to safeguard your PHI.

Uses and Disclosures of PHI with Your Written Authorization
Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that CareLink has taken an action in reliance on the use or disclosure indicated in the authorization.

Permitted or Required Uses and Disclosures with Your Opportunity to Object Others Involved in Your Healthcare:
Unless you object, we may disclose your PHI to a member of your family, a close friend or any others who are involved in your healthcare or help pay for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.

Emergencies: We may use or disclose your PHI in an emergency treatment situation, without your authorization.

Communication Barriers: We may use or disclose your PHI if we attempt to obtain consent from you but are unable to due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Uses and Disclosures without Your Authorization

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- As required by law;
- For public health activities;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other legal proceedings;
- To law enforcement officials pursuant to subpoenas and other lawful processes;
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and federal officials for lawful intelligence, counterintelligence, and national security activities.
- As authorized by state worker's compensation laws.

Required Uses and Disclosures: Under the law, we must make disclosures to 1) you and 2) to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Rights

You have the right to access and receive copies of your PHI. You must request this in writing. CareLink may charge a fee to cover certain costs.

Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Please contact our Privacy Officer about accessing your medical record.

You have the right to request a restriction of the use and disclosure of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

CareLink is not required to agree to any restriction requested. If we believe it is in your best interest to allow use and disclosure of your PHI, your PHI will not be restricted. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you with to request with our Privacy Officer.

You have the right to receive confidential communications from us. We will accommodate reasonable requests to communicate by alternative means. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your PHI amended. You must request this in writing. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement or disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 17, 2008. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us upon request.

Complaints

CareLink takes your privacy very seriously. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Office at (401) 490-7610. We will not retaliate against you for filing a complaint.

To complain to the Office of Civil Rights, contact: Region I, Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, MA 02203. Voice phone (617) 565-134.