



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

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
10175 Little Patuxent Parkway
Columbia, MD 21044
Phone: 800.888.1965
Fax: 855-293-5407

Section 4: Authorization

I hereby authorize my substance use treatment provider 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 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 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).

The signed and scanned form should be uploaded into the “Documents” section of the participant’s file in the [Incedo Provider Portal](#).

Aetna

Compliance Officer
509 Progress Drive, Suite 117
Linthicum, MD 21209
866-827-2710

Amerigroup Community Care

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

Jai Medical Systems, Inc.

301 International Circle
Hunt Valley, MD 21030
888-524-1999

Kaiser Permanente

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

Maryland Physicians Care

1201 Winterson Road, Suite 170
Linthicum, MD 21090
800-953-8854

MedStar Family Choice

Compliance Officer
5233 King Avenue, Suite 400 Baltimore, MD
21237
800-905-1722

Priority Partners

Compliance Officer
7231 Parkway Drive
Hanover, MD 21076

**CareFirst BlueCross BlueShield Community
Health Plan Maryland
(formerly University of Maryland Health
Partners)**

1966 Greenspring Drive, Suite 600
Timonium, MD 21093
410-878-7709

UnitedHealthcare

10175 Little Patuxent Parkway
Columbia, MD 21044
800-487-7391