



**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).

**FAX completed form** to Optum Maryland: 1-855-293-5407 or  
Mail to: Optum Maryland, Attn: ROI  
10175 Little Patuxent Parkway  
Columbia, MD 21044

**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

**University of Maryland Health Partners**

(previously named Riverside Health of Maryland)  
1966 Greenspring Drive, Suite 600  
Timonium, MD 21093  
410-878-7709

**UnitedHealthcare**

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