

About the “Consent to Arrange for Payment/Release Information” Form

This explains the form’s purposes and its terms. If you have questions, please ask your clinic or hospital staff or the contact person listed on the Notice of Privacy Practices.

Definitions

Caregiver – a person or facility that provides health services. Some examples are physicians, dentists, pharmacists, optometrists, chiropractors, psychologists, and social workers. Caregivers in this organization include facilities such as Regions Hospital and HealthPartners Medical and Dental Clinics.

Health Plan – the organization that insures or pays for healthcare or administers health benefits. Some examples are HealthPartners, Blue Cross, Medicare or Medicaid. For purposes of this form, this also includes automobile, workers’ compensation or other liability insurance *if* they are paying for health care costs.

Health Record – information relating to your health care. Some examples are lab results, x-rays, prescriptions and information about your condition. Health records are released only for the purposes described in this form and in our Notice of Privacy Practices, and only to the extent necessary for those purposes. For example, if your insurance company requests information about a service to pay for that service, we send only information related to the service.

Treatment – providing, coordinating or managing your health care. It also includes consultation and referrals among caregivers.

Payment – paying for care that is provided to you. It includes payment-related activities such as preparing and sending bills.

Healthcare Operations – the general business activities of a caregiver or health plan. These include managing your care, maintaining the caregiver’s or organization’s license, conducting fraud investigations, credentialing providers and performing quality-review and disease-management activities.

Coordinating Benefits – determining the health plan responsible for payment. For example, if both HealthPartners and Medicare insure you, they share claim information to determine what part of the claim each must pay.

Quality of Care Studies - audits or investigations that review quality of care that caregivers provide to patients.

Accreditation – the process of ensuring that a health plan and/or care facility meets national health care standards. For example, to be accredited by the National Committee for Quality Assurance, HealthPartners undergoes their thorough review every three years.

Quality Review/Measurement Personnel – staff who review health records to make sure that caregivers meet established quality standards. HealthPartners is required by law to conduct these reviews.

Disease Management – means providing patient support to help control certain diseases and other special conditions. It also includes helping patients who have complex or rare conditions manage their health and avoid future complications.

Pharmacy Benefit Management – processing prescription pharmacy claims. Specialized pharmacy benefit managers may help health plans with drug coverage amounts, co-pays, networks, patient safety initiatives, and reducing drug-to-drug interactions.

Case Management – coordinating care for patients who have several caregivers.

Health Research - investigating health and healthcare services to develop or contribute to the health of our patients and the community. An example is work by caregivers to determine best care practices.

Institutional Review Board – the committee that oversees the protection of participants in health research studies.

Research Subjects – persons who participate in research studies.

Notice of Privacy Practices - a written description of your caregiver’s privacy practices and your privacy rights.

Patient Representative – a person with legal authority to act on behalf of the patient. Some examples are a parent of a child under 18 and a person appointed by a court to act for the patient.

Frequently Asked Questions About the “Consent to Arrange for Payment/Release Information” Form

Why do I need to sign this form?

Minnesota law, in most situations, requires caregivers to get permission from patients before we can release your information. Without your permission, shown by signing the form, we cannot bill your health plan or work with other caregivers to coordinate your care.

Federal law requires caregivers to make a Notice of Privacy Practices available to you. We must also ask you to acknowledge that we have done this. Therefore, we ask you to sign this form each year (if you are a regular patient) or when you return after an absence of a year or more (if you are an infrequent patient).

What does my signing this form give you permission to do?

We can:

- Bill your health plan (rather than you) for the services we provide to you.
- Share *some* of your information for certain *limited* purposes.
- Have a record of making our Notice of Privacy Practices available to you.

Why do you need to share my information at all?

We share your information so we can ask for payment for services we provide to you and conduct our business as a caregiver. We are required by law to limit the information we share about you.

Please note:

- We *never* sell or rent your information to anyone.
- We limit the information we share to what is needed to accomplish a necessary task. For example, if your caregiver discusses a special procedure with you, he/she may contact a specialist to help coordinate your care. The caregiver discloses only information related to that procedure.

Who needs to sign this form?

All patients of HealthPartners/Regions Hospital caregivers are asked to sign the form. Parents or guardians are asked to sign on behalf of children who are under 18 (unless the child has legal authority to sign).

Can I still get treatment if I do not sign this form?

Your caregiver will still treat you. However, because we could not then bill your health plan, we may need to ask you for payment. Your caregiver's ability to coordinate your care may be limited. (The law does require or permit us to release your information in certain limited circumstances. These are described in our Notice of Privacy Practices.)

What if I check the box related to health research?

Your information will not be shared with outside organizations for health research purposes. This will not affect the use of your information for health research conducted within the HealthPartners organization.

Can I change the form or cross something out?

Yes. We do our best to accommodate your request, but we cannot guarantee that we can always do so.

Can I change my mind after I sign the form?

Yes. Just let us know in writing. The change would only affect the release of information in the future.

How can I get more information?

Review the Notice of Privacy Practices. For more about this form, contact the person listed in the Notice of Privacy Practices, or ask your caregiver to direct you to the right contact person.