

Purpose of form

Form 02CB005E, *ADvantage* Program Service Team Release of Information, documents that the *ADvantage* member authorizes the sharing of his or her medical and social information for the purposes of planning, monitoring, and evaluating his or her services and *ADvantage* Program compliance. Authorization is given for one year and includes: a) specified members of the member's service team, and b) authorized compliance monitoring agents of the Oklahoma Department of Human Services (OKDHS).

Instructions

Member name: Enter the member's name as it appears on the OKDHS case. (No nicknames.)

Last name; first name; middle initial

Medicaid number: Enter the nine digit Client ID # assigned by OKDHS.

Address: Enter the member's street address, city, county, and zip code.

Acknowledgement: Explain the purpose of the form to the member. Have the member (or legal agent) read the document and discuss any concerns to ensure it is understood and the selected service setting and case management provider is correctly marked. If the member is unable to read the document, make arrangements to have it read to him or her.

Service team members: In the spaces provided, identify the members and/or providers of the service team, including the interdisciplinary team members, who are being authorized to share information.

Signatures: Have the member (or legal agent) sign and date the document. If the member signs with a mark, obtain the dated signatures of two witnesses with no interest or conflict of interest in the member's affairs.

Routing

The case manager keeps original for the case file and forwards a copy to:

ADvantage Administration, PO Box 50550, Tulsa, OK 74150-0550.

A copy is given to each service team member.

A copy of the completed form is placed and/or scanned into the member file at *ADvantage* Administration Unit (AAU).