Informational Memorandum
2018-08

To: Kansas Aging and Disability Resource Centers (ADRC)
    Kansas Area Agencies on Aging (AAA)

From: Commissioner Ann Elifrits, Commission on Aging (KDADS)

Subject: Updated Authorization for Release of Protected Health Information Form

Date: August 20, 2018

Action Requested:
1) The effective date of the updated Authorization for Release of Protected Health Information Form shall coincide with the date listed on this Informational Memorandum (2018-08).
2) Any forms used after this date for the purposes of obtaining customer information will be deemed invalid and non-compliant by KDADS Quality Assurance.

Contact for Further Information: Ann Elifrits, Commissioner - 785-368-7331; Tyler Steffes-Herman, OAA/SCA Program Manager - 785-296-0385; Elissa Moore, OAA/SCA/CARE Quality Assurance Program Manager – 785-368-7215

Reason for the Informational Memorandum:

1) Proper Utilization of Updated Authorization for Release of Protected Health Information Form
   A. Informed Consent
   B. Signature(s)
   C. Initials
   D. Social Security Number
   E. Duplication

2) Form Clarification
   A. Description of Information to be Used or Disclosed Section
   B. The Purpose of the Use or Disclosure Section
1) Proper Utilization of Updated Authorization for Release of Protected Health Information Form

A. Informed Consent
   - ADRC Assessors and AAA Case Managers may discuss the potential risks and benefits of releasing private health information as it relates to signing a release of information; however, ADRC Assessors and AAA Case Managers may not provide legal advice.
   - Completion of this form by the customer or customer’s representative is voluntary; however, the ADRC Assessor or AAA Case Manager may inform the customer or customer’s representative of the potential consequences if the customer or customer’s representative chooses not to complete the form in its entirety.
     - HCBS waiver functional eligibility process will not be pursued as the form provides the ADRCs and KDADS permission to gather the necessary information to request HCBS waiver services.
     - Services provided through the OAA or SCA will not be pursued as the form provides the AAA permission to utilize the information gathered during the assessment to create the customer’s Plan of Service.

B. Signature(s)
   - The customer or customer’s representative must sign and date the form in the appropriate fields listed at the bottom of the form.
     - When a customer’s representative signs and dates the form, a description of that individual’s authority must be included on the line indicated on the form.
   - It is the responsibility of the ADRC Assessor or AAA Case Manager to ensure the form contains the appropriate signatures.

C. Initials
   - Statements listed in the section requiring initials are required by law (42 CFR 164.508).
   - The ADRC Assessor or AAA Case Manager shall request the customer or the customer’s representative review the statements requiring initials, or the ADRC Assessor or AAA Case Manager is required to read to the customer the statements requiring initials if the customer is unable to do so on his or her own (i.e., literacy, vision, etc.).
   - Each line requesting initials on the form must be completed by the customer or the customer’s representative.
     - The form will be considered invalid if the customer or the customer’s representative uses a mark, such as, a ✓ or ☑, in place of the customer’s initials or the initials of the customer’s representative unless the mark is deemed the customer’s “distinctive mark.”
     - The form will be considered invalid if the customer or the customer’s representative neglects to initial any of the lines.
     - The form will be considered invalid if the customer or customer’s representative initials the top line and then draws a line through the other lines that require initials.

D. Social Security Number
   - The State of Kansas cannot require individuals to provide a Social Security number on any document. Therefore, disclosure of a Social Security number on this form is optional.
     - The form will be considered valid and in compliance if the customer chooses not to provide a Social Security number.
E. Duplication
   • Since it is not possible to make a copy of the original form out in the field, two of these forms will be completed in their entirety during the assessment.
     - The first form will return with the ADRC Assessor or AAA Case Manager to be included in the documentation the ADRC Assessor uploads into KAMIS II or the AAA Case Manager will include it in the customer’s file when a customer chooses Older Americans Act (OAA) or Senior Care Act (SCA) services.
     - The second form will remain with the customer or customer’s representative as a copy for his or her personal records.

2) Form Clarification

A. Description of Information to be Used or Disclosed Section
   • The ADRC Assessor or AAA Case Manager shall request the customer or the customer’s representative review this section of the form, or the ADRC Assessor or AAA Case Manager is required to read to the customer the information contained in this section of the form if the customer is unable to do so on his or her own (i.e., literacy, vision, etc.).
   • The customer or customer’s representative may strikethrough any information listed in this section he or she does not want disclosed.
   • The customer or customer’s representative may write-in specific information he or she wants to disclose in the “Use or disclosure not listed above (other)” line located below the listed items in the section.

C. The Purpose of the Use or Disclosure Section
   • The ADRC Assessor or AAA Case Manager shall request the customer or the customer’s representative review this section of the form, or the ADRC Assessor or AAA Case Manager is required to read to the customer the information contained in this section of the form if the customer is unable to do so on his or her own (i.e., literacy, vision, etc.).
   • No modifications shall be made to this section by the ADRC Assessor, AAA Case Manager, customer, or customer’s representative.

Sincerely,

[Signature]
Ann Elifrits
Commissioner, Commission on Aging

Cc: Tyler Steffes-Herman, OAA/SCA Program Manager
    Elissa Moore, OAA/SCA/CARE Quality Assurance Program Manager (KDADS)
    Jessica Hales, Quality Assurance Manager (KDADS)
    Cara SloanRamos, Public Information Officer, (KDADS)