

Medication Assisted Treatment Patient Status and Progress

SECTION 1: Identification of Client and Providers

Last name	First name	Middle initial	ProviderOne ID	
Address		City	State	ZIP code
Phone number	If release is for information about dependent child(ren), name(s) of dependent child(ren)			
Physician name	NPI number		Physician's phone number	
Physician's address		City	State	ZIP code

SECTION 2: Patient Authorization for Disclosure of Confidential Information

The above-named patient hereby authorizes the following entities to exchange and disclose to one another information concerning the patient's name and other personal identifying information, their status as a patient, diagnosis, recommended medication(s) and the treatment recommendation(s):

- The Health Care Authority (HCA)
- Any Managed Care Organization (MCO) contracted by HCA to provide your medical care
- The above named physician.

The purpose of this authorization for disclosure is:

- To document progress of recovery and coordinate care.

I understand that my alcohol and/or drug treatment records are protected under Federal and State confidentiality regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: six (6) months from the date signed or the **following specific date, event, or condition upon which this consent expires:**

Patient signature	Date	Guardian or authorized representative signature (if required)	Date
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SECTION 3: To be completed every six months and maintained in the patient's file

If patient does not have a past/current history of mental health diagnosis, screens for depression and anxiety have been performed as a baseline: Yes No

Suicide screen performed: Yes No

PMP database checked: Yes No Date: _____

Is there evidence of multiple prescribers?: Yes No

If yes, were you aware of and approved other opioid prescriptions? Yes No

Urine drug screens demonstrate patient is taking prescribed medications: Yes No

Urine tests demonstrate abstinence or near abstinence from opioids Yes No

Urine tests demonstrate abstinence or near abstinence from other illicit drugs Yes No

Opioids : No use after stabilization Infrequent use Problematic use

Alcohol/other illicit drugs: No use Infrequent use Problematic use

ED visits/hospitalizations: None Decreased Same Increased

Medical co-morbidity: None/minor Major problem/engaged in care Major problem/unengaged in care

Psychiatric co-morbidity: None/minor Major problem/engaged in care Major problem/unengaged in care

Legal issues: None/minor Major problem/being addressed Major problem/not being addressed

Family-social problems: None/minor Major: _____ Homeless/unstable housing

School/work: Full time Part time Episodic None Disabled

Participation in recovery support activities*: Multiple times a week Weekly Episodic None

*AA/NA, spiritual programs, other support groups, counseling, meetings

Prescriber signature	Prescriber specialty	Date
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Notice Prohibiting Redislosure of Alcohol or Drug Treatment Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medial or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.