MHS
Real Life Solutions for Health Care
Managed Health Services

CENPATICO
Recovery. Resiliency. Results.

January 30, 2009

Dear MHS/ Cenpatico Provider:

Our healthcare system has traditionally separated the treatment of physical and behavioral health issues. However, research overwhelmingly supports that an individual's physical and behavioral health are strongly interconnected, and that the coordinated care of these two domains results in more clinically effective, cost efficient, and holistic treatment of illness. As a result we provide you with the **Behavioral/Physical Health Coordination Form ("Form")**, which you will find attached to this letter (also available at cenpatico.com), so that you may safely, efficiently, and legally exchange information with other healthcare providers serving the same patient.

Our Form is designed to improve communication between the physical and behavioral healthcare systems, allowing healthcare providers to coordinate care so that comprehensive services are provided to patients. This form is easy to use, and mutually benefits healthcare providers and patients as it enhances your ability to wholly understand the patient's health status and needs. It is our hope that you will use this form to assist in the sharing of information, thus increasing the coordination of care between the two healthcare systems and improving patient health outcomes.

The other purpose of this letter is to address HIPAA and other privacy laws that may concern you, as they relate to using the attached form. Both HIPAA (45 CFR Part 164.501, .502, and .506) and Indiana state law (I.C. 16-39-2-6(a)(1)) permit you to release patient information to providers involved in a patient's care for treatment purposes. This information may also be released to MHS and Cenpatico as necessary to coordinate and manage the provision of health and behavioral care without patient authorization. Exceptions to this practice apply for two types of records: alcohol or drug abuse treatment information and information regarding communicable diseases.

Federal law generally requires written consent from the person who is the subject of the disclosure to be obtained before releasing any information about alcohol or substance abuse treatment. However, under limited circumstances, the release of this type of information without written authorization may be permitted, such as whenever there is a medical emergency. Refer to 42 CFR Part 2.51 for more information on the applicable disclosure requirements and restrictions for alcohol or drug abuse treatment records. State law generally requires the written authorization of the individual (and any other individual identified in the information) before releasing information regarding a communicable disease. Refer to I.C. 16-41-8 for disclosure requirements regarding communicable disease information and the limited exceptions that apply.

To help you coordinate patient care, we encourage you to use the attached Form to communicate with other care providers as follows:

- Complete the Form and then fax it directly to the patient's coordinated care provider.
- Include the member's diagnosis, medications, date of intake, treatment, and any other pertinent information on the Form.
- Place the completed Form in member's chart as a tool to document your communication.
- Communicate with the Form within five (5) business days from the time a member begins treatment.

Thank you for taking the time to review and use our Form. We appreciate your willingness to provide the information necessary to better coordinate the healthcare of patients, and ensure that you will find this form to be an asset to your provision of healthcare.

Sincerely,

Patrick Rooney
Chief Executive Officer
Managed Health Services

Sam Donaldson
Chief Executive Officer
Cenpatico

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BEHAVIORAL/PHYSICAL HEALTH COORDINATION FORM

	Date (*month, day, year*)
Name of member	Date of birth (*month, day, year*)
Health care provider	Behavioral health provider
Address (*number and street*)	Address (*number and street*)
City, state, ZIP code	City, state, ZIP code
Telephone number ( ) / Fax number ( )	Telephone number ( ) / Fax number ( )

This form was filled out by

The sharing of prescribed medication and treatment recommendations between this patient's physical healthcare provider and behavioral healthcare provider are essential for safe, effective coordination of care. Please complete the applicable section of this form and forward to the appropriate health care professional.

More information: www.ManagedHealthServices.com or www.cenpatico.com

PATIENT CONSENT

Please check if you DO NOT want the following protected health information released: ☐ **Behavioral Health** ☐ **Substance Abuse** ☐ **HIV/AIDS**

This authorization will expire on _____. I authorize the use and/or disclosure of my protected health information as described above. I understand this authorization for release of protected health information is made to confirm my wishes. I understand that I may revoke this authorization at any time by giving written notice to the person or organization that is authorized above to release information. My health care provided by _____ will not be affected if I do not sign this form. This information disclosed by this release may be re-disclosed by the recipient and may no longer be protected.

Date (*month, day, year*) — Name of provider

Signature of member

☐ **Member declined to participate**

Signature of member

PHYSICAL HEALTH CARE PROFESSIONAL TO COMPLETE THE FOLLOWING

☐ **Medication log attached**

MEDICATION	DATE STARTED	PRESCRIBED DOSAGE	Allergies to medications:
1.			
2.			Current diagnosis:
3.			
4.			Comments:
5.			
6.			

BEHAVIORAL HEALTH PROVIDER TO COMPLETE THE FOLLOWING

☐ **Medication log attached**

MEDICATION	DATE STARTED	PRESCRIBED DOSAGE	Allergies to medications:
1.			
2.			Current diagnosis:
3.			
4.			Comments:
5.			
6.			

Please provide the following information regarding (*Member name*)	2. Is another appointment required? ☐ Yes ☐ No	If yes, date and time scheduled ☐ AM ☐ PM
1. Results of appointment, including any prescriptions ordered (*attach forms as necessary*)	3. Are there any special instructions for this member to follow? (*please describe*)	