

Election to Participate in CareFirst's Patient-Centered Medical Home

To help you get healthy, stay healthy and appropriately manage your care when you're sick, it is essential for you and your health care providers to have a complete picture of existing and potential health risks for the purpose of working together to produce better health outcomes. This begins with strong communication between you, your health care provider and CareFirst.

To foster and improve that communication, CareFirst has created a secure, confidential Member Health Record (MHR) for use by your health care providers as a common source of your health information while you participate in CareFirst's Patient-Centered Medical Home (PCMH) program and related clinical programs. By electing to participate with your provider in CareFirst's PCMH program, and other supporting clinical programs, you facilitate this communication and allow your health care team (including your primary care provider and other providers and health care professionals providing services for you) and CareFirst to see information in the MHR and to appropriately share that information with each other in a secure and confidential manner to help coordinate and manage your health care.

Please read each of the following statements carefully.

By signing this Election to Participate in the CareFirst PCMH Program, I understand that:

- My participation is voluntary. I may choose not to participate and still maintain my insurance coverage with CareFirst.
- CareFirst will not condition payment of medical benefits, enrollment, or eligibility of medical benefits on my participation in the Program.
- CareFirst may disclose my personal health information as required or allowed by law.
- CareFirst may share data and information supplied by health care providers (for example: a health care professional, hospital, clinic, laboratory, pharmacy, or medical facility) who have provided treatment or services on my behalf. It may also include the results of my Health Assessment and/or Wellness Screening provided through a contracted CareFirst health care partner. My health care provider may share my medical record information with CareFirst. Information about me disclosed includes information contained in my general medical record and health care claims as a result of: medical encounters, treatments, diagnostic tests, screenings, prescriptions, patient-centered medical home, and other case management activities. It may also include, but will not necessarily be limited to, any of my medical records related to:
 - › Drug, alcohol or substance abuse;
 - › Psychological, psychiatric or other mental impairment(s) or developmental disabilities (excluding "psychotherapy notes");
 - › Metabolic disorders such as sickle cell anemia;
 - › Birth control and family planning;
 - › Records which may indicate the presence of a communicable disease or non-communicable disease;
 - › Tests for or records of HIV/AIDS or sexually transmitted diseases;
 - › Genetic (inherited) diseases or tests; and laboratory test results directly from the clinical laboratory.

- This sharing of information for purposes of my care and treatment is provided for and permitted under the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)
- All members of my PCMH Care Coordination Team will have access to my medical information solely for my care and treatment and that all such persons are required by law to maintain the privacy of my medical information consistent with applicable federal and state privacy laws, including HIPAA privacy rules. However, I further understand that in accordance with the requirements of state law, CareFirst is advising me that it cannot control unauthorized re-disclosures of my information by persons to whom CareFirst discloses such information
- I understand that I may participate in clinical programs as requested by my provider without having to sign additional election to participate forms. I may decline to participate in any of these services at any time.
- I will be an active participant in decisions relative to my ongoing medical care, treatment for chronic conditions and improvement of my health status; and
- I have the right to inspect any record of my mental health medical information.
- Health care providers and CareFirst’s health care related contracted partners are legally obligated to comply with all applicable laws regarding the confidentiality of an individual’s protected health information. However, CareFirst cannot control unauthorized re-disclosures of my information by persons to whom I allow CareFirst to disclose such information.
- I may choose to end my participation at any time without adverse consequences by completing a PCMH Revocation Form found at www.carefirst.com/memberpcmh

Member Signature*

Printed Member Name

Date

Member Date of Birth (DOB)

Member ID

Parent/Guardian Signature

Printed Parent/Guardian Name

Date

Phone Number

E-mail Address

By providing my phone number and email address, I understand that CareFirst and its partners may contact me regarding my medical care by phone, cell phone, text messaging or email. I understand that consent to contact me survives the expiration of this Election to Participate unless I otherwise revoke consent. If the person signing this form is not the member, the parent, or guardian of a dependent under the age of 18, you must submit, to the address above, a full copy of the official document indicating your legal authority to sign on behalf of the member (i.e. Power of Attorney, Court Assigned guardian, Personal Representative, etc.). Any mental health or substance abuse information, which has been disclosed from medical or other health care records, may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits the recipient of the information from making any further disclosure of this information unless such disclosure is expressly permitted by the written consent of the person to who it pertains, or as otherwise permitted by 42 CFR Part 2. A general consent for the release of medical 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. The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978 (§§7- 1201.01 to 7-1207.02).

**If the parent or guardian has not consented to the provision of services and instead the minor has provided legally sufficient consent, the minor may authorize disclosure him or herself. When the minor has consented to such treatment, except by specific legal requirement, no information regarding sexually transmitted disease, drug substance abuse, pregnancy, or emotional illness shall be disclosed unless such information is necessary to the health of the minor and the public, and only when the minor's identity is kept confidential. In D.C. and Virginia, if this consent relates to mental health information (including inpatient psychiatric hospitalization when the minor is 14 years or older and has consented to the admission), and the patient to whom this consent applies is over the age of 14 and under the age of 18, the minor and his or her custodial parent must provide joint consent. In D.C., if the patient is less than 14 years of age, then only the parent or guardian must provide consent. In Virginia, the concurrent consent of a minor and his or her custodial parent is required to disclose inpatient substance abuse records.*

Please keep a copy of this Election to Participate. Contact your CareFirst Regional or Local Care Coordinator with questions regarding this form.