

WHAT AUTHORIZATION FORM TO USE

Questions:

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Form Title	No Authorization	Authorization for Release of Medical Information	Authorization for Verbal Communication and/or to Leave Voice Mail Messages	Exchange of Information Authorization for Release of Verbal Communication AND Exchange of Written Information
Form #	NA	UWH # 1280490-DT	UWH # 302443-DT	UWH # 302451-DT
Purpose of form	NA	Authorize release of written documentation only from UW Health to an outside party	Authorize verbal communication, leave a voice mail, and/or leave messages only between UW Health and a designated person/organization	Authorize verbal communication AND exchange of written documentation and/or voice mail between UW Health and a designated person or organization
When to use (examples)	<p>Release of general health information between health care providers</p> <p>Provider wants to talk with a psychiatrist or other specialist outside of UW Health regarding a patient's condition/treatment (excluding Substance Abuse Disorder - SUD)</p> <p>Immunizations can be shared between health care provider and the school (per WI State Statutes) – this may be different in other states</p>	When written medical records are requested to be sent outside UW Health	When staff want to communicate verbally, leave voice mail or leave a message with a patient or a designated person, or to leave a detailed voice mail on the patient's designated voice mail	<p>When staff want to share information both verbal AND written with a designated person or organization (this can be for historical information or future information, if indicated on the authorization)</p> <p>Exchange of information with schools for purposes <u>other than</u> the School Partnership Program. This can include the AAP if going to a teacher/counselor, etc., (can be faxed using Communication Manager)</p> <p>Completing/discussing IEP/ADD forms with teacher/therapist/nurse</p>
Who can use	Health care provider to health care provider	All staff can assist patients with completion of form; Release of Info staff (HIM) release the information	All staff can assist patient with completion of form and designated staff can communicate information	All staff (typically clinical staff) can assist patients with completion of form; designated staff (typically clinical staff) can exchange information

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What information is shared	Clinical/treatment information NOTE: SUD information requires patient authorization before any information can be released or discussed.	Patient identifies how complete or restricted information can be disclosed – can be for a particular condition, a type of test, or a complete record	Patient identifies how complete or restricted information can be disclosed – can be for a particular condition, a type of test, or a complete record	Patient identifies how complete or restricted information can be disclosed – can be for a particular condition, a type of test, or a complete record
Who releases information	Health care provider	HIM unless noted on authorization that clinic has completed the release	Person/department/organization listed on the authorization as approved to release	Person/department/organization listed on the authorization as approved to release
What HIM does when form is received	NA	Validates accuracy of authorization and processes request (releases the records)	Validates accuracy of form, scans and creates FYI	Validates accuracy of form and creates FYI
Where completed form is found in HealthLink	NA	Under Media and Legal/Consent tabs, labeled Auth - PHI	Under Media and Legal/Consent tabs labeled Auth - Communication	Under Media and Legal/Consent tabs labeled Auth – Exchange Info
What FYI Flag is used	NA	None	Authorization to Communicate	Authorization to Communicate