

# Outcome Measures & Data Collection

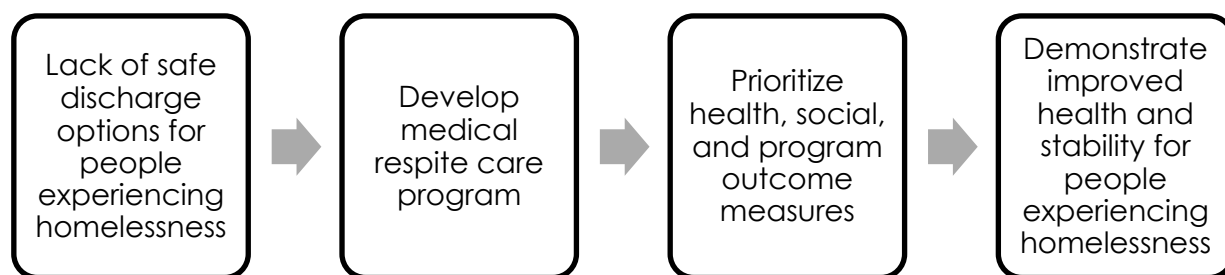
## Recommendations for Medical Respite Programs

September 2020

It is well documented that people experiencing homelessness have substantial health care needs.<sup>1</sup> Moreover, connecting these individuals with a safe place to recover and recuperate after a hospital stay can be challenging for hospital discharge planners.<sup>2</sup> Meeting this need, medical respite care is post-acute care for people experiencing homelessness who are too ill or frail to recover on the street or in a shelter, but do not require hospitalization. This short-term residential care allows clients an opportunity to rest and heal in a safe environment while accessing medical care and support services (e.g. case management, care coordination, behavioral health care, medication management, etc.).

While medical respite has grown exponentially in the last ten years, it is still a fairly recent addition to the homeless health care field with the earliest programs beginning in the 1980s. Only 35 states have medical respite programs and of those, only four have five or more programs in their state.<sup>3</sup> To raise awareness and gain community buy-in, programs must demonstrate with evidence how medical respite care adds value to health systems and facilitates a better continuum of care for very vulnerable clients.<sup>4</sup>

The integrity of a medical respite program rests on its ability to provide meaningful and quality services to a complex population. Its sustainability relies on the extent to which it can demonstrate that ability. Clearly defined outcome measures and data collection protocols are imperative to help programs tell the story of how their services have positively impacted the lives of their clients.



The following outcome recommendations were developed in partnership with eight medical respite programs (Appendix A). They are intended to serve as a starting point for communities as they develop medical respite services and determine program goals. These

<sup>1</sup> Feigal, J., et al. (November 2014.) Homelessness and Discharge Delays from an Urban Safety Net Hospital. Public Health 128: 1033-1035. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4258462/>

<sup>2</sup> Buchanan, D., et al. (July 2006.) The Effects of Respite Care for Homeless Patients: A Cohort Study. American Journal of Public Health, 96(7): 1278–1281. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483848/>

<sup>3</sup> NHCHC, Medical Respite Directory, <https://nhchc.org/clinical-practice/medical-respite-care/medical-respite-directory/>

<sup>4</sup> NHCHC/UnitedHealthcare, Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care, 2020, <https://nhchc.org/wp-content/uploads/2020/04/Medicaid-Medicaid-Managed-Care-Financing-Approaches-for-Medical-Respite-Care-Whitepaper.pdf>

recommendations will help programs establish a framework for service delivery that is driven both by data and quality improvement. To better illustrate areas of impact, the outcome recommendations are separated into three sections: health, social, and program.

## Health Outcomes

A client's stay in a medical respite program is precipitated by a health-related event. Whether a client is injured or sick, their referral is connected to a medical condition. The following outcome recommendations focus on the health needs of clients and the clinical care provided by the program. Programs are encouraged to define the specific numerator and denominator for the identified measures and variables based on feasibility of data collection.

Outcome Measure	Variables	Considerations
<b>Primary Care:</b> Connection to primary care is established or strengthened	<ul style="list-style-type: none"> <li>Identify primary care provider (PCP)</li> <li>Schedule primary care appointment</li> <li>If possible, verify appointment was completed/attended</li> </ul>	Medical respite staff must be familiar with the process in which clients are connected to primary care (e.g., Do they have an assigned PCP? Who is the local Health Care for the Homeless (HCH) provider?)
<b>Assessment:</b> Assessment and coordination of health screenings and specialty care	<ul style="list-style-type: none"> <li>Assess need for health screenings based on age, history, and condition (e.g., colonoscopy, mammography)</li> <li>Assess need for specialty care (e.g., oncology, neurology, podiatry)</li> <li>Schedule screening/specialty care appointment</li> <li>If possible, verify appointment was completed/attended</li> </ul>	The stability of a medical respite stay provides an opportunity for clients to get caught up on primary and preventive care that may have previously gone neglected. Health screenings and specialty care appointments may not directly relate to the acute condition identified at intake.
<b>Screening:</b> Screening for mental health care and substance use disorder (SUD) needs	<ul style="list-style-type: none"> <li>Identify mental health provider</li> <li>If one is not established, assess need for mental health treatment/services</li> <li>Assess for previous diagnoses related to SUD</li> <li>Assess need for SUD treatment/services</li> </ul>	

<b>Care Plan:</b> Client completes care plan prior to discharge	<ul style="list-style-type: none"> <li>▪ Admission date</li> <li>▪ Reason for referral/primary diagnosis</li> <li>▪ Identify health goals</li> <li>▪ Estimate discharge date</li> <li>▪ Establish care plan</li> </ul>	Completion of care plan means the successful resolution of the acute condition that precipitated the medical respite stay (e.g. recovered from pneumonia, healed for minor surgery) and stabilization of chronic conditions (e.g. connected with primary care provider to re-evaluate medication for hypertension).
Increased rate of self-reported health improvement	Complete assessments at beginning of stay: <ul style="list-style-type: none"> <li>- Medication self-efficacy</li> <li>- Health changes plan</li> <li>- Care transitions measure</li> <li>- CAHPS Health Literacy Survey</li> </ul>	Health education is a daily activity in medical respite and provides an opportunity to work on self-management of chronic disease.
Decreased emergency department (ED) usage during medical respite stay and 90 days post medical respite discharge	<ul style="list-style-type: none"> <li>▪ ED usage prior to admission date</li> <li>▪ ED usage during medical respite time period</li> <li>▪ ED usage 90 days post discharge date</li> </ul>	On its own, this metric can be misleading. Clients who come to medical respite programs are sick and ED visits during and post medical respite care may be necessary. Programs should prioritize a decrease in unnecessary ED visits based on primary diagnosis. Additionally, unless the medical respite program has access to the hospital's electronic health record (EHR), these data must be collected by hospital staff.

## Social Outcomes

A core component of medical respite care is the inclusion of case management in partnership with clinical care. Medical respite programs are uniquely positioned to coordinate care for a complex population who may otherwise face barriers in navigating and engaging support

systems.<sup>5</sup> The following outcome recommendations focus on care coordination and connection to social supports.

Outcome Measure	Variables	Considerations
<b>Enabling Services:</b> Connection to benefits and enabling services (e.g. health insurance, disability, food and housing assistance)	<ul style="list-style-type: none"> <li>Connection to health insurance provider</li> <li>Asses for income source</li> <li>Benefits/entitlements in place</li> <li>Connection to SSI/SSDI and SNAP</li> <li>Connection to transportation (bus pass, taxi voucher, etc.)</li> </ul>	Most communities have local services specifically for people experiencing homelessness for which your clients may qualify. It is the responsibility of the medical respite staff to be experts on the resources available in the local community.
<b>Social Environment:</b> Linkages to social support	<ul style="list-style-type: none"> <li>Connection with family or friends</li> <li>Connection to social support groups (e.g. cancer support, addiction support)</li> <li>Connection to spiritual or religious community, if requested</li> </ul>	
<b>Coordinated Care – Mental Health:</b> Connection and coordination of mental health care services	<ul style="list-style-type: none"> <li>If identified as a need, coordinate connection with community mental health provider</li> </ul>	Medical respite staff should assist with transportation to/from any mental health appointment.
<b>Coordinated Care - SUD:</b> Connection and coordination of substance use/treatment services	<ul style="list-style-type: none"> <li>If identified as a need, coordinate connection with treatment services</li> </ul>	Medical respite staff should assist with transportation to/from any substance use/treatment appointment.
<b>Readiness:</b> Client is "document ready" for housing	<ul style="list-style-type: none"> <li>Secure birth certificate and driver's license or ID card</li> <li>Complete any relevant housing applications</li> </ul>	While it is the goal of most medical respite programs to discharge clients into housing, very few programs own or operate housing. Securing documents, completing applications, and connecting clients with coordinated entry is a meaningful step in removing barriers to housing for clients.

<sup>5</sup> NHCHC, Standards for Medical Respite Programs, 2016, <https://nhchc.org/clinical-practice/medical-respite-care/standards/>

<b>Discharge:</b> Connection to stable post-medical respite discharge options	<ul style="list-style-type: none"> <li>Assess client's preferred discharge location</li> <li>Coordinate transition from medical respite program to agreed upon discharge location</li> <li>Client provided with discharge summary</li> </ul>	It is not always possible to discharge clients to an improved housing situation. It is possible that upon discharge, clients may return to the shelter, a tent, their care, the streets, etc.
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## Program Outcomes

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in the services provided in the medical respite program.<sup>6</sup> The following outcome recommendations evaluate the delivery of medical respite services and promote program development and growth.

Outcome Measure	Variables	Considerations
<b>Safety:</b> Program provides safe discharge options for partner hospitals	<ul style="list-style-type: none"> <li>Hospital staff is trained on admission criteria and referral process</li> <li>Average daily program census</li> <li>Periodic assessment of average length of stay</li> </ul>	Bed flow management is important to keep a medical respite program functioning. For some funders, the most important metric is the availability of a bed when one is needed.
<b>Patient Engagement:</b> Patient feedback expressing satisfaction in their experience of care	<ul style="list-style-type: none"> <li>Administer patient satisfaction survey prior to discharge</li> <li>Senior staff and/or board create a plan for reviewing results of patient satisfaction surveys and any patient grievance reports</li> </ul>	
<b>Compliance:</b> Increased compliance with the standards for medical respite care	<ul style="list-style-type: none"> <li>Senior staff and/or program board self-audit program to determine whether the program is meeting the standards for medical respite care</li> <li>Senior staff and/or board create plan to address</li> </ul>	

<sup>6</sup> NHCHC, Standards for Medical Respite Programs, 2016, <https://nhchc.org/clinical-practice/medical-respite-care/standards/>

	barriers to standards compliance	
<b>Programmatic &amp; Staffing:</b> Admission criteria and program staffing meets the evolving needs of the community	<ul style="list-style-type: none"> <li>▪ Referral denials and reasons for denial</li> <li>▪ Unplanned discharges and reason for discharge</li> <li>▪ Incomplete care plans and reason for incompletion</li> <li>▪ Senior staff and/or board periodically review referral denials and unplanned discharges to identify trends</li> </ul>	If a significant number of clients are leaving early or not completing their care plan, the program should evaluate whether policies, rules, or other factors can be modified to maintain client participation. Additionally, if the program is consistently denying referrals for a similar reason (e.g., client needs IV medication support), the program might consider expanding their staffing to accommodate this need.

## Data Collection & Sharing

While the above outcome recommendations are applicable for all medical respite programs, the specific outcomes a program decides to track will be influenced by contractual obligations with funders and regulatory bodies.<sup>7</sup> These outcomes will likely vary based on funder, community, and population needs. As programs are negotiating a contract and referral process with funders, they should discuss what outcome measures to track and a plan for sharing that data.

It is common for medical respite programs to share data with partnering hospitals, health care providers, managed care organizations, and other community service providers. Developing a protocol for sharing data can help with continuity of care and transitions between services. Privacy concerns are often a barrier in cross-system data sharing.<sup>8</sup> Setting parameters with partners for data sharing that protects client privacy under the Health Insurance Portability and Accountability Act (HIPAA) can be done in a Business Associates Agreement.<sup>9</sup>

How medical respite staff collect and analyze data is dependent on resources. Some programs perform all documentation on paper forms while others have transitioned to electronic records. Electronic health record and case notes software can be expensive, so it's common for programs to repurpose systems already in use to fit the data needs of their medical respite services. For example, medical respite programs who collect client-level data using the Homeless Management Information System (HMIS) have been able to tailor that system to include indicators of their choice.

<sup>7</sup> NHCHC, Medical Respite Services for Homeless People: Practical Planning, 2009, <https://nhchc.org/wp-content/uploads/2019/08/FINALRespiteMonograph1.pdf>

<sup>8</sup> CSH, Health Outcomes & Data Measures: A Quick Guide for Health Center & Housing Partnerships, 2017, <https://nhchc.org/wp-content/uploads/2019/08/csh-data-elements-outcomes-final.pdf>

<sup>9</sup> Learn more about covered entities and business associates at: <https://www.hhs.gov/hipaa/for-professionals/covered-entities>

Regardless of the system a program decides to use, it is vital that a data collection protocol is in place and standardized. All medical respite staff should be trained on the program's data collection system and process, including who has the authority to enter and edit data. Failing to maintain the integrity of data can have a devastating effect on a program's ability to demonstrate its value and maintain funder and community partnerships.

## Demographic Data & Advocacy

Similar to other health care services, it is standard practice for medical respite programs to collect basic demographic data as part of client intake. Programs must be intentional about what demographic data is collected and how that data will be used. Analysis of demographic data can reveal trends and gaps in care in both the program and the community at large. Collecting demographic data is not only important for better understanding clients and ensuring culturally appropriate care, it also creates an opportunity for programs to advocate for increased services and prevention strategies for people experiencing homelessness.<sup>10</sup> For example:

- **Age:** A program observes that the average age of client referrals continues to increase. Additionally, the program sees an increase in cognitive impairment and reduced daily functioning among clients over the age of 60. The program uses this data to advocate for expanded long-term care facilities for people experiencing homelessness who are unable to live independently after medical respite.
- **Sex:** A 25-bed program for men opens and 6-months into operation the program is rarely at capacity. Program staff analyze demographic data from referral denials and see that 70% of denials were individuals who identified as women. The program uses this data to adjust practice, policies, and space to become a co-ed facility.
- **Race:** A program observes that the majority of their medical respite clients in the last year have identified as African American. Compared to the racial demographics of the city, program staff determine that African American clients are overrepresented in medical respite care. The program uses this data to analyze the racial demographics of their staff to ensure staff reflect the patient population being served. Additionally, the program uses this data to engage in local advocacy around health disparities in minority populations.

Collecting data on client race, ethnicity, and language is an important step in reducing health and health care disparities. However, just collecting this data is not enough; it must also be connected to a plan for improving the quality of care delivered. Programs should analyze all outcomes through the lens of their demographic data to better understand where there may be gaps in care or opportunities for growth. Reducing health care disparities is a moral and professional imperative and one that medical respite programs should pursue in their program design and delivery.<sup>11</sup>

<sup>10</sup> Chin, M.H. (June 2015.) Using Patient Race, Ethnicity, and Language Data to Achieve Health Equity. *Journal of General Internal Medicine*, 30(6): 703-705. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441661/>

<sup>11</sup> Chin, M.H. (June 2015.) Using Patient Race, Ethnicity, and Language Data to Achieve Health Equity. *Journal of General Internal Medicine*, 30(6): 703-705. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441661/>



## Conclusion

These outcome measure recommendations are intended to serve as a foundation on which medical respite programs can build their practice. They do not, however, encompass all of the work that is done with clients during a medical respite stay. Programs will undoubtedly struggle to document and measure some of their outcomes. Self-management, goal setting, confidence in the health care system, and relationship building are some examples of the philosophy of care in medical respite that is difficult to quantify and measure. Often the most sought after and challenging outcomes to track are events that were avoided due to a medical respite stay. Avoided ED services and hospital stays are frequently prioritized outcomes, but those calculations are difficult to demonstrate.

Data-driven outcome measures help medical respite programs demonstrate their value, sustain their practice, and continuously innovate based on the needs of their community. Unfortunately, not every victory in medical respite fits neatly into an outcome measure. Qualitative evidence may also be an indicator of success. There are stories of clients moving into housing, becoming more engaged in their own care, better managing their medications and finances, learning to prepare healthy meals, healing relationships with family, opening up to a case manager or therapist, or simply reporting that they feel good. Not everything in these stories is quantifiable, but they are still valuable in describing the great work and possible impact of medical respite care.

## Tools

### Health Outcomes

- Admission Procedure & Checklist – Center for Respite Care (pg. 10)
- CAHPS Health Literacy Survey (Modified) (pg. 11)
- Client Health Summary – Center for Respite Care (pg. 12)
- Client Medication Inventory – Center for Respite Care (pg. 13)
- Medical Intake Form – Center for Respite Care (pg. 14)

### Social Outcomes

- Care Transitions Measure (pg. 16)
- Care Transitions Record (pg. 17)
- Client Authorization Form – Center for Respite Care (pg. 18)
- Discharge Planning Form – LCHC/Bridgewell RCC (pg. 19)
- Self-Administered Medication Record – Center for Respite Care (pg. 20)
- Self-Management Tool (pg. 21)

### Program Outcomes

- Client Satisfaction Survey – Barbara McInnis House (pg. 22)
- Client Satisfaction Survey – Bridgewell/LCHC RCC (pg. 25)
- Performance Measure Worksheet – Central City Concern (pg. 26)
- [Standards for Medical Respite Care](#) – NHCHC
- [Standards Organization Self-Assessment](#) – NHCHC

### Data Collection & Sharing

- Data Collection Protocol - Bridgewell/LCHC RCC (pg. 27)
- Informed Consent for Treatment Form – Center for Respite Care (pg. 28)
- Universal Informed Consent – Durham Crisis Collaborative (pg. 29)



## Program Comparison

While all medical respite programs provide a critical service to their community, they vary significantly in their scope, design, and intensity of services. A learning collaborative of medical respite programs came together to share information about their outcome priorities and data collection practices.

Program	Bethlehem Haven	Bridgwell/LCHC RCC	Center for Respite Care	Cottage RCP	Heading Home	Sister Mavis Jewel	National Health Foundation	Santa Clara County
Location	Pittsburgh, PA	Lynn, MA	Cincinnati, OH	Santa Barbara, CA	Albuquerque, NM	Albany, NY	Los Angeles, CA	San Jose, CA
Bed #	29	14	20	10	30	17	98	20
Average LOS	39 days	70 days	45 days	90 days	31 days	45 days	19 days	31 days
Facility Type	Stand-alone	Stand-alone	Stand-alone	Shelter	Shelter	Stand-alone	Stand-alone	Shelter
Data Collection Format	Paper	Epic, Excel	HMIS	Hospital EMR, Excel	Paper, Excel	Excel, HMIS	Microsoft Dynamics (CRM)	Paper, HMIS
Primary Metrics	Client completes care plan	Demographic data, specifically age	Demographic data	Client is "housing ready"	Bed availability	Connection to primary/pharmacy care	Discharge disposition	Client discharge location
	Connection to housing	Connection to housing	Connection to primary care	Connection to primary care	Bed night usage per month	Connection to health insurance	Progress towards internally developed "path to housing" scale	Referral source
	Connection to supportive services	Connection to supportive services	Diabetes care and management	Client discharge location	Connection to housing	Connection to behavioral health services		Referral volume, denials, and bed availability

### Notes:

- Bethlehem Haven, Bridgwell/LCHC RCC, Central City Concern, and Sister Mavis Jewel are co-located in buildings with other services.
- Center for Respite Care and Santa Clara County MRP have tailored their HMIS to meet additional data needs for medical respite services.

## Admission Procedure & Checklist



The Admission Package is to be completed by the LPN in charge at the time of client admission. **All forms are to be completed in their entirety and signed.** Sections not completed are to be clearly communicated to the relieving nurse, who then assumes the responsibility for completing admission. All admission documents are the responsibility of the LPN, **portions may be delegated to the CCA who have received adequate training and instruction and checked and countersigned by the admitting LPN.**

**Client Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Date of Admission:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Admission:** \_\_\_\_\_

**Name of Admitting LPN:** \_\_\_\_\_ **CCA:** \_\_\_\_\_

On arrival to the CRC, all clients are to be greeted and welcomed by the LPN and CCA, at this time the LPN should receive any medications and/or accompanying documentation from the new client.

**On arrival CCA (if appropriately trained) is to complete the following:**

Orient the client to CRC (tour, provide client handbook, review & explain CRC rules)	<input type="checkbox"/>
Read and sign the <b>Informed Consent for Treatment</b>	<input type="checkbox"/>
Read and sign the <b>Client Orientation Agreement</b>	<input type="checkbox"/>
Read and sign the <b>Authorization for Release of Health Information</b>	<input type="checkbox"/>
Search client property	<input type="checkbox"/>
Complete inventory checklist	<input type="checkbox"/>
Add client to <b>Census Log form</b>	<input type="checkbox"/>

**On arrival LPN is to complete the following:**

Review medications & accompanying documentation	<input type="checkbox"/>
Assign client ID number and enter client information in <b>Client Log</b>	<input type="checkbox"/>
Ensure all forms R/t client have clients name, ID and DOB written on forms	<input type="checkbox"/>
Complete <b>Medical Intake form</b>	<input type="checkbox"/>
Record admission vitals on flowsheet ( <b>MUST be done by LPN on admission</b> )	<input type="checkbox"/>

**Once all client information has been obtained and reviewed proceed then:**

Obtain Admission orders	<input type="checkbox"/>
Complete <b>MAR and Treatment</b> sheets pertaining to orders	<input type="checkbox"/>
Administer 1 <sup>st</sup> step PPD (if appropriate)	<input type="checkbox"/>
Ensure client has adequate amount of ordered medication (at least 7-day supply)	<input type="checkbox"/>
Place all forms under appropriate tabs	<input type="checkbox"/>

**On arrival, Dr. Donovan will complete the following:**

<b>Discharge notice</b>	<input type="checkbox"/>
<b>Activities/Physician Order</b>	<input type="checkbox"/>
<b>Health Improvement Assessment</b>	<input type="checkbox"/>

***Completed form is to remain in the client's chart as part of his/her permanent record.***

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**Modified 5-item CAHPS Health Literacy Survey**

During your stay, how often did the medical respite staff give you all the information you wanted about your health?

**Never**                      **Sometimes**                      **Usually**                      **Always**

During your stay, how often did the medical respite staff encourage you to talk about all your health questions or concerns?

**Never**                      **Sometimes**                      **Usually**                      **Always**

During your stay, how often did the medical respite staff ask you to describe how you were going to follow self-care instructions?

**Never**                      **Sometimes**                      **Usually**                      **Always**

If you received test results during your stay, how often were the results of your blood test, x-ray, or other test easy to understand?

**Never**                      **Sometimes**                      **Usually**                      **Always**                      **Not Applicable**

During your stay, how often were instructions about how to take your medicines easy to understand?

**Never**                      **Sometimes**                      **Usually**                      **Always**

*If someone helped you complete this survey, please answer the questions on the back of this form.*

## CLIENT HEALTH SUMMARY



Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ ID# \_\_\_\_\_  
 (Last) (First)  
 Allergies \_\_\_\_\_

PCP	PHARMACY	OTHER PROVIDERS

## PROBLEM LIST: CHRONIC

	DX	DATE		DX	DATE
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

## PROBLEM LIST: ACUTE

	DX	DATE		DX	DATE
1			4		
2			5		
3			6		

PPD STATUS						
PPD	Date Given	Initials	Lot #	Exp Date	Site	Results Indurations
PPD						Date ____ mm ____ initials ____
						Date ____ mm ____ initials ____
Previous TB Positive	CXR results in chart? Y <input type="checkbox"/> N <input type="checkbox"/>				Signature	X _____
	S/S reviewed? Y <input type="checkbox"/> N <input type="checkbox"/>				Signature	X _____
	S/S discussed with MD or NP? Y <input type="checkbox"/> N <input type="checkbox"/>				Signature	X _____
VACCINE ADMINISTRATION RECORD		DATE	TIME	SIGNATURE		
Influenza	Lot # _____ Exp Date _____			X		

## CLIENT MEDICATION INVENTORY



Client Name \_\_\_\_\_ Client D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Room # \_\_\_\_\_ - \_\_\_\_\_

Date Logged in	Medications Logged in	Quantity	Location of Medication	Quantity Returned on D/C
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X \_\_\_\_\_  
Client Signature on Admission      Date

X \_\_\_\_\_  
Staff Signature on Admission      Date

**Date Medications Returned to Client on Discharge**

X \_\_\_\_\_  
Client Signature on Discharge      Date

X \_\_\_\_\_  
Staff Signature on Discharge      Date

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PKT.docx



# MEDICAL INTAKE FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID: \_\_\_\_\_

## Biographical/Demographic Information

Age: \_\_\_\_\_ Sex M / F Race: ☐ White/Caucasian ☐ Black/African American ☐ American Indian/Alaska Native  
☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have been a client of CRC before? ☐ Yes ☐ No Date(s) \_\_\_\_\_ Are you homeless? Yes ☐ No ☐

Where do you stay? \_\_\_\_\_

What is your primary language? \_\_\_\_\_ Interpreter required Yes ☐ No ☐ Help with reading and writing? Yes ☐ No ☐

Any special needs (physical, emotional, spiritual, dietary)? ☐ Yes ☐ No

List needs: \_\_\_\_\_

Allergies (drug, food, or other) \_\_\_\_\_

Referral Source (Physician and Facility name) \_\_\_\_\_

Reason for referral (diagnoses) \_\_\_\_\_

Do you have a PCP? Yes ☐ No ☐ Name of Physician \_\_\_\_\_

When and where were you last seen? \_\_\_\_\_

Do you see other doctors? Yes ☐ No ☐

Physician Name & Specialty \_\_\_\_\_ Date of last visit \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical History

### Check all that apply

Condition	Yes	No	Date	Condition	Yes	No	Date
High Blood Pressure				Heart Murmur			
Heart Attack				Stroke			
Bleeding Problems (Hemophilia)				Poor Circulation			
Head Injuries				Seizure Disorder			
Diabetes/Glucose Intolerance				Urinary or Kidney problems			
Digestive Disorders (GERD/Gastric Ulcer)				Bowel problems			
Arthritis (Rheumatoid/Osteoarthritis)				Osteoporosis			
Asthmas/Respiratory Problems				Tuberculosis Disease or h/o of +PPD			
Hepatitis A, B, C, or D				HIV/AIDS/History of STD's			
Cancer				Glaucoma			
Vision /Glasses/Contact lenses				Hearing problems/Hearing Aid			

Have you ever been hospitalized? Yes ☐ No ☐

If yes, where/when/reason? \_\_\_\_\_

Surgical procedures and dates? \_\_\_\_\_

Have you recently had any medical tests performed? \_\_\_\_\_

Have you recently received any vaccine or immunizations? \_\_\_\_\_



## MEDICAL INTAKE FORM PART II

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID: \_\_\_\_\_

### Medication Administration

Are you able to self-administer medication? ☐ Yes ☐ No Does anyone assist you in taking your medication? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

### Substance Abuse

Do you currently use any tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of packs per day?	Age began smoking
Last time you drank alcohol?	Date/Day	Type / Amount / Frequency	Age began drinking
Do you have a history of withdrawal related problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, →	Explain:	
Have you had any periods of sobriety?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, →	When and for how long?	
Have you ever used drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, →	Type / Amount / Frequency	Age began using drugs
Last use?			
Do you have a history of withdrawal related problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, →	Explain:	
Have you ever had periods of abstinence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, →	When and for how long?	
Have you ever been in a treatment program For drugs and/or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, →	Where and when?	

### Mental Health

SYMPTOM	Yes	No	SYMPTOM	Yes	No
Thoughts of hurting others			Depression		
Thoughts of hurting yourself			Hear voices that others do not		
Suicide attempts			See things that others do not		
Anger issues or h/o violence?			Anxiety		

Have you ever been hospitalized for a mental health issue? ☐ Yes ☐ No If yes, where/when/diagnosis?



## MODIFIED Care Transitions Measure® (CTM-3)

Survey ID: \_\_\_\_\_ Date: \_\_\_\_\_

1. The medical respite care staff took my preferences into account when deciding ***what*** my health care needs would be when I left the program.

**Strongly  
disagree****Disagree****Agree****Strongly agree****Don't know/  
Don't  
remember/  
Not  
applicable**

2. When I left the medical respite program, I had a good understanding of the things I was responsible for in managing my health.

**Strongly  
disagree****Disagree****Agree****Strongly agree****Don't know/  
Don't  
remember/  
Not  
applicable**

3. When I left the medical respite program, I clearly understood the purpose for taking each of my medications.

**Strongly  
disagree****Disagree****Agree****Strongly agree****Don't know/  
Don't  
remember/  
Not  
applicable**

*If someone helped you complete this survey, please answer the questions on the back of the form.*

## Information for Patients

Why was I in the medical respite program? What happened to me?

Patient name:

You came in to the NAME OF MEDICAL RESPITE PROGRAM on DATE OF ADMISSION and have been here for ### days. You left on DD/MM/YYYY

You came into medical respite care because:

Here is some information about tests and/or procedures that were done while you were here:

Test or Procedure:

Name of place where test/procedure was done:

Results:

We are still waiting to find out about these tests:

Test:

How to get the results:

Your main diagnosis:

**Client Authorization - To Use or Disclose Protected Health Information**

**Client Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **SS#** \_\_\_\_\_

I authorize the Center for Respite Care, Inc. to release/obtain the following protected health information about the above-named client.

History and physical  
Laboratory results  
Medical reports  
Operative report  
Pathology report  
X-ray and imaging reports  
Physician orders  
My Chart

Admission records  
Psychotherapy records  
Medication records  
Discharge records  
Consultation reports  
Referral records  
All records listed

I authorize release of the above listed information **TO** the following agency, individual, or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**FROM** the following agency, individual, or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Information is to be released for the following reason(s): at the request of the individual: Research Study  
Or (please be specific): \_\_\_\_\_

I understand that I have a right to cancel this authorization at any time by presenting my written cancellation to the Center for Respite Care, Inc. Medical Recovery Nurse Manager. I understand that a cancellation will not apply to information that has already been released under this authorization. I understand that the cancellation will not apply to my insurance company when the law gives my insurer the right to contest my policy or a claim made under my policy.

Unless I cancel it sooner, this authorization will expire in one year from the date of discharge or on the following date, event, or condition: \_\_\_\_\_

I understand that authorizing the disclosure of this health information is strictly voluntary and I do not need to sign this form to obtain treatment (unless specifically related to Research Treatment).

I understand that the information to be released may include information concerning sexually transmitted disease (STD), Human Immunodeficiency Virus (HIV) testing, diagnosis, or treatment of Acquired Immunodeficiency Syndrome (AIDS), AIDS-related conditions, drug/alcohol abuse and/or drug related conditions, and psychiatric/psychological conditions.

**LCHCH/ BRIDGEWELL RECUPERATIVE CARE CENTER**  
**Discharge planning**

Before you depart from the Recuperative Care Center it is important you are aware of the following policies regarding your discharge and your belongings:

You will receive this paperwork the once your discharge date is set in order to plan for your transition back to the community. All clients must be off the floor no later than 10 am unless otherwise arranged.

**MAIL:** You must inform all parties of your new address including PT-1 transportation. You must update your primary care team with your discharge address so your medical team may contact you. Resident's mail may be held for 7 days.

**PERSONAL PROPERTY:** You are required to take your personal property with you upon discharge. Anything left will be stored at the RCC for up to 7 days. RCC will not be responsible for items left after discharge. If you need to return to collect your items you may claim your items between (9-5) Monday through Friday up till 2 weeks post discharge.

**EXIT SURVEY:** Please complete the questionnaire prior to leaving RCC and give to the Case manager.

**MEDICAL:** All clients must be seen the medical team prior to being discharged from the floor. A copy of your medication list and medications will be given to you upon discharge. Please make sure you follow up with your Primary care and Behavioral Health team for medication refills.

SELF DISCHARGE

PLANNED DISCHARGE

Follow up PCP apt. scheduled: \_\_\_\_\_

Follow up Behavioral health apt. scheduled: \_\_\_\_\_

Transportation/ PT-1 Setup for discharged appointments

\_\_\_\_\_  
Community Resources/ Case manager contacts:

[illegible]

Signature	Initials	Signature	Initials	Signature	Initials

**Self-Management Support Tool****HEALTHY CHANGES PLAN**

The healthy change I want to make is (very specific: What, When, How, Where, How Often):

My goal for the next month is:

The steps I will take to achieve my goal are:

The things that could make it difficult to achieve my goal include:

My plan for overcoming these difficulties includes:

Support/resources I will need to achieve my goal include:

## Barbara McInnis House Survey – Patient Version 1.0

**Introduction:** We would like to ask you some questions about the providers, nurses, aides, and case managers that work with you here at Barbara McInnis House. This group of people will be referred to as your care team in this survey. We would also like to ask you about the care you receive here. Please indicate how much you agree or disagree with the following statements about the care team that provided your care during this stay.

	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
Q1. I am satisfied with my level of involvement in decisions about my care plan and treatment goals during my stay here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2. I can get enough time with the members of my care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3. My care team has the right skills to take good care of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4. I worry that someone here might report my health information to the authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5. If someone from my care team is unavailable there is someone else that can help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6. I can be honest with my care team if I use drugs or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** For the next questions, we will ask about how the members of your care team work with each other and other health care providers. The other health care providers can be other doctors, therapists, or other providers who help in your medical care.

	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
Q7. My care team needs to communicate with my other health care providers more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8. My care team is working together to come up with a plan to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9. My care team has all the information they need to treat me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** The next questions are about the Barbara McInnis House. For these questions think about this place and the staff who are here.

	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
Q10. The staff here treats me with respect and dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11. My case manager helps me get resources and benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12. The staff here treats some patients worse if they are here for issues related to drug or alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13. When I need information about my health care, I can get it easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14. If I have a complaint, people here listen and try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q15. I have to wait a long time to get help if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16. At this place, I have sometimes not received care because I cannot pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17. The staff here treats all patients fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q18. This place provides support and care for patients who are currently using drugs or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19. This place provides support and care for patients who have used drugs or alcohol in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q20. The admissions staff explained what I could expect during my time here and answered my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21. When I was admitted, the process of getting up to my room went smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22. The food options here meet my dietary needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23. This building is clean and well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24. There are enough activities here that I can participate in, if I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q25. Barbara McInnis House provides convenient transportation for me to my appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q26. The visiting hours here are convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q27. The length of my stay here is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q28. I am worried that other patients will find out my medical information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q29. The policies about smoking here work for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q30. I have enough access to bathrooms, showers, phones, and laundry here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q31. I worry that my things will get stolen while I am here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q32. My health is improving here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q33. This place tries to help me with things I might need right away, like food, shelter or clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q34. The people who work at this place seem to like working with people who have been homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35. At this place, I always have to choose between health care and dealing with other challenges in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q36. I am involved in discussions about my discharge and follow-up care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q37. What is your gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

Q38. Where did you stay most often before you were admitted here?	Shelter <input type="checkbox"/>	Street <input type="checkbox"/>	Transitional Housing or Treatment Program <input type="checkbox"/>	Doubled Up (Staying with family or friends) <input type="checkbox"/>	Housed <input type="checkbox"/>	Other <input type="checkbox"/>
Q39. Are you Hispanic or Latino?	Yes <input type="checkbox"/>			No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Q40. What race do you consider yourself?	White <input type="checkbox"/>	Black or African American <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	
				More than one race/Mixed Race <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Q41. What is your age?	_____ years					



## 2020 Satisfaction Survey for People Receiving Services at Bridgewell's Recuperative Care Center

*Please circle the response that best matches how you feel about the services you received here.  
Thank you for your participation!*

1. Staff care about me.

Strongly Agree      Agree      Disagree      Strongly Disagree

2. Staff treat me with respect.

Strongly Agree      Agree      Disagree      Strongly Disagree

3. Staff work with me in a way that shows me that my dignity is a priority to them.

Strongly Agree      Agree      Disagree      Strongly Disagree

4. Staff work with me in a way that recognizes and values me as a human being.

Strongly Agree      Agree      Disagree      Strongly Disagree

5. I consider this program to be a safe and secure environment.

Strongly Agree      Agree      Disagree      Strongly Disagree

6. Staff makes my well-being a priority during the service delivery process.

Strongly Agree      Agree      Disagree      Strongly Disagree

7. Bridgewell provides high quality of care to the people it serves.

Strongly Agree      Agree      Disagree      Strongly Disagree

8. While at Recuperative Care I was able to advance my medical needs.

Strongly Agree      Agree      Disagree      Strongly Disagree

Comments:

## MEASURING WHAT MATTERS PERFORMANCE MEASURE WORKSHEET

Organizational Value/Objective: \_\_\_\_\_

Health/Wellness Goal: \_\_\_\_\_

**Area of Focus (from IOM six domains)**

\_\_\_ safety                      \_\_\_ timeliness  
\_\_\_ effectiveness            \_\_\_ efficiency  
\_\_\_ patient centeredness    \_\_\_ equitability

**Type of measure**

\_\_\_ structure  
\_\_\_ process  
\_\_\_ outcome

**Who should be involved in design? check all that apply**

\_\_\_ consumers/patients/clients  
\_\_\_ frontline staff  
\_\_\_ providers/clinicians  
\_\_\_ quality staff  
\_\_\_ IT/EHR  
\_\_\_ administration  
\_\_\_ additional category:  
\_\_\_\_\_

Specific Data Point\*: \_\_\_\_\_

Is this data point  
**reliable?**  
**valid?**  
**standardized?**

Numerator \_\_\_\_\_  
Denominator \_\_\_\_\_

Exclusions: \_\_\_\_\_  
\_\_\_\_\_

Plan for data collection: \_\_\_\_\_  
\_\_\_\_\_

Questions/Concerns/Ideas



**Data Collection Protocol:** Currently our data is recorded using an excel workbook. The workbook has multiple worksheets. The worksheets highlight two distinctive data sets; Referrals and Admissions. All data is recorded by the program director and reviewed with the program supervisor on a quarterly basis.

The **referral workbook** is designed to capture every referral received and the disposition of the referral. The data recorded includes; Admit #, Individual name, Referring entity, date of referral, admission date, date of denial and reason for denial. The **admission workbook** is designed to capture individuals name, medical record number, DOB, age, gender, race, ethnicity, referral source, referral date, admission date, discharge date, Length of stay, discharge location, pending housing application and if housed directly from the facility.

When a referral is received at the program the program director will begin tracking data using the **Referral worksheet** in our **statistical data workbook**. The referral is reviewed by the program director and the medical director for assessment and disposition. Once a disposition is reached the program director will update the worksheet by indicating whether or not the referral was accepted or denied. If the individual is denied no further collection on that individual occurs.

If the individual is accepted the anticipated arrival date is noted on the worksheet and the individual data is transferred onto the Admission workbook. All data other than the MRN if this is a new patient is available prior to the individual arriving using our referral form and coversheet. In the event the MRN is not available prior to admission the MRN is established upon admission and the Admission workbook is updated at that time.

The data is shared monthly with our advisory board and program management to gauge historical comparisons and to monitor future goals and program trends.

Center for  
**RespiteCare**  
*Homeless Medical Recovery*

AUTHORIZATION TO RELEASE & EXCHANGE INFORMATION  
WITHIN THE DURHAM CRISIS COLLABORATIVE

I, \_\_\_\_\_ hereby request and authorize \_\_\_\_\_  
*Consumer Name*

to use or disclose my protected health information to Northern Piedmont Community Care and Alliance Behavioral Healthcare (Integrated Health Care Team). Information released may be verbal, electronic, and/or written and allows for a reciprocal exchange of information. Released data may include records, treatment notes and other information.

Nature of records to be released: **(Please initial beside each applicable document.)**

_____ Medications	_____ Treatment Plans	_____ Admissions Assessments
_____ Psychiatric Evaluations	_____ Psychological Evaluations	_____ Treatment Recommendations
_____ Discharge Summaries	_____ Aftercare Plans/Orders	_____ Lab Results
_____ Alcohol/Drug Treatment	_____ Acquired Immunodeficiency Syndrome (HIV)	
_____ Progress/Psychotherapy Notes		
_____ Other: _____		

By initialing here \_\_\_\_\_ I authorize ***\*ANY and ALL*** agencies (\*complete list on page 3) **participating in the Durham Crisis Collaborative reciprocal release, exchange, disclosure, sharing and receipt of my protected health information.**

**OR**

**I authorize ONLY the agencies initialed below for the reciprocal release, exchange, disclosure, sharing and receipt of records pertaining to me among:**

_____ Alliance Behavioral Healthcare MCO	_____ Carolina Outreach, LLC
_____ Central Regional Hospital	_____ Criminal Justice Resource Center
_____ **Duke University Health System	_____ Durham Center Access
_____ Durham County Jail	_____ Department of Public Health
_____ Durham Department of Social Services	_____ Durham Police Crisis Intervention Team
_____ Durham Emergency Medical Services	_____ Easter Seals
_____ Housing for New Hope	_____ Lincoln Community Health Center
_____ Telecare	_____ Other: _____

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. If not revoked earlier, this authorization expires automatically one year from the date it is signed. I understand that I may revoke this authorization by completing the Revocation of Authorization form.

I understand that an Authorization to Release & Exchange Information must be signed by me prior to any release authorized above.

The PHI used or disclosed may be subject to redisclosure by the recipient, in which case it may no longer be protected under the HIPPA Privacy Rule.

I understand that I may refuse to sign this or any authorization form. I understand that the Integrated Health Team will not condition the above named consumer's treatment, payment of services, or eligibility of benefits upon receiving the consumer's signature on this Authorization form and/or any other Authorization form.

I certify that this authorization is made freely, voluntarily and without coercion.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)



## Disclaimer

This publication is supported by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,625,741, with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).