

**Date:** \_\_\_\_\_

### **Consent to Change Personal Health Information Preference**

Use this form if you want to **change** your previous decision about whether Medicare may or may not share your personal health information with Accountable Care Organizations (ACOs) for use in coordinating and improving the quality of your care.

You can also call 1-800 MEDICARE (1-800-633-4227) instead of completing this form. TTY users should call 1-877-486-2048. If you're not sure whether Medicare currently is sharing your personal health information with any ACOs, please call 1-800-MEDICARE.

Allowing Medicare to share your information helps us give you the right care, in the right place, at the right time. This information will include things like dates and times you visited a doctor or hospital, your medical conditions, and a list of past and current prescriptions. With this information, your doctors and other healthcare providers working in our ACO will know more about the care you have gotten from other healthcare providers, giving them a more complete picture of your health. However, if you choose to let Medicare share your medical information with us, this information may also be shared with any other ACOs in which any of your doctors or other healthcare providers participate.

Completing this form overrides any previous decision you made about sharing your personal health information. Therefore, if you previously declined to share your data with another ACO, using this form to consent to share your information with the Baylor Scott & White Quality Alliance will override that earlier decision, and Medicare may start sharing your information with that other ACO and any other ACOs in which any of your doctors or other healthcare providers participate. If you don't want to share your information with other ACOs, then don't use this form to consent to share your personal health information with the Baylor Scott & White Quality Alliance.

#### **Your privacy is very important to us, so we respect your choice on the use of your personal information.**

Use this form if you have previously informed Medicare of your personal health information sharing preferences and want to change them. You would have contacted Medicare with your preferences in one of two ways:

- You completed and signed the "Declining to Share Personal Health Information" form in your doctor's office, or completed, signed and mailed that form to the address under section D below or provide the form to another ACO.
- You called 1-800 MEDICARE and told Medicare your personal health information sharing preferences.

**Note:** Even if you don't want to share your personal information with the Baylor Scott & White Quality Alliance and any other ACOs in which any of your doctors or other healthcare providers participate for use in coordinating and improving the quality of your care, Medicare will still use your information for some purposes, including certain financial calculations and determining the quality of care given by those ACOs.



Also, Medicare may share some of your personal health information with those ACOs as part of measuring the quality of care given by healthcare providers participating in the ACOs.

### A. Your Patient Rights

At any time, you may decline to share your personal health information with the Baylor Scott & White Quality Alliance and any other ACOs in which any of your doctors or other healthcare providers participate for use in coordinating and improving the quality of your care.

Note: if you received or are receiving treatment for alcohol or drug abuse, Medicare won't share information about that treatment with any ACO unless you give Medicare express written permission to do so. This form does not provide that permission.

If you change your mind at any time about sharing personal health information for care coordination and quality improvement purposes with the Baylor Scott & White Quality Alliance and any other ACOs in which any of your doctors or other healthcare providers participate you can complete this form and return it to the address listed in Section D, or you can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Your new preferences will take effect within approximately 60 days of your request. At any time, if you request it, an ACO must make available to you an explanation of which healthcare providers are participating in the ACO and who will have access to your health information in the ACO.

### B. Your Patient Information

Name (first and last name of the person with Medicare): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### C. Change of Personal Health Information Sharing Preferences

Yes, **allow Medicare to share my personal health information** with the Baylor Scott & White Quality Alliance and any other ACOs in which any of my doctors or other healthcare providers participate, except for information relating to any treatment I may have received for alcohol or drug abuse.

No, **do not allow Medicare to share my personal health information** with the Baylor Scott & White Quality Alliance or any other ACOs in which any of my doctors or other healthcare providers participate, including information relating to any treatment that I may have received for alcohol or drug abuse.

Signature of person with Medicare or representative: \_\_\_\_\_

Printed full name: \_\_\_\_\_

Date: \_\_\_\_\_

Check here if the person completing and signing this document is serving as a personal representative of the listed person with Medicare. Please attach the appropriate documentation to demonstrate your legal authority to execute this document on behalf of the person with Medicare (for example, Durable Medical Power of Attorney). This box should be checked only if someone other than the person with Medicare signed above.

Print the personal representative's address (street address, city, state, and ZIP code):

\_\_\_\_\_  
\_\_\_\_\_

Phone number of personal representative: \_\_\_\_\_

Personal representative's relationship to the person with Medicare: \_\_\_\_\_

#### **D. How to Submit Your Preference**

Fill out, sign and return this form to your provider's office in person

**OR**

Call 1-800-MEDICARE (1-800-633-4227) and say that you want to change your preference about allowing Medicare to share your personal information with ACOs, or that you want to talk about ACOs. TTY users should call 1-877-486-2048.

#### **Questions**

If you have any questions, please call Medicare at 1-800-MEDICARE and tell the operator you are asking about ACOs.