

## CIE Telephonic Authorization Script HELPTXT

**Purpose:** This document includes guiding language per section of the CIE Telephonic Authorization.

### Suggested Introduction to the Client

I'm going to read a standard form in order to record your permission to create a profile and to share your information with our Referral Partners. Please respond when asked yes or no, so we can record your answer. If you agree, at the end of this statement, you will be asked to state your name, birthdate and today's date. If you disagree or decide you do not want us to share your information, you may say No. If you say No, we will give you information about Referral Partners that might be able to assist you so you can contact them directly.

### ***Begin Consent Script - Scripting hereafter is to be read verbatim***

You have the right to provide consent on paper. Do you agree to give your consent in this recorded electronic format?

If "yes" continue

If "no" do not continue

This statement authorizes Community Information Exchange to create a record and to share personal, financial or health information shared with us with our Referral Partners. This also authorizes CIE to use and disclose information relating to Drug/Alcohol/Substance Abuse, Mental Health, and HIV/AIDS.

The information will be used to assess your needs and coordinate your care. In some situations, your information may be re-disclosed and no longer protected under applicable privacy laws. However, your information will still be protected under our Participation Agreement with our partners. Your refusal to give us permission to share your information will not affect your treatment, payment, enrollment or eligibility for benefits from our Referral Partners.

Please go to our website: [www.ciesandiego.org/privacy](http://www.ciesandiego.org/privacy) for a list of our Referral Partners, and our Notice of Privacy Practices to learn about how we use and share your information, and how to get a copy or revoke this authorization, which you have the right to do at any time. If you revoke this authorization, it will not affect information that has already been shared. Your authorization will be valid for ten years from today's date, unless you revoke it earlier.

As your electronic signature and agreement, please state your: name, date of birth and today's date.

### ***End of Script***

**Suggested Introduction:** This is not mandatory. It is recommended to tailor messaging about CIE and the value of care coordination based on each client's individual needs to preface the script.

**Begin Consent Script:** A telephonic recording can only substitute for a written signature when a client agrees to this format. Other options of signature may include signing by email or a paper form.

**Section 1:** This describes the types of information that can potentially be shared and who it could be shared with. "Referral Partners" refers to the Community Information Exchange (CIE) Partners who are permitted to share information about clients for the purpose of care coordination as stated in the Participation Agreement between CIE Partners. Some types of information, including sensitive health information may or may not be applicable to all persons. Individuals should be advised that the type of information shared only relates to the types of services they may be connected to as part of their care.

**Section 2:** This describes how the information will be used and that the information will continue to be shared across the CIE network. Although some privacy laws, e.g. Health Information Portability Accountability Act (HIPAA) are not applicable to non-covered entities, client information is safeguarded under the conditions of the Participation Agreement between Partners, and is protected by law. Also, clients will not be denied services for declining to consent. Their refusal to provide consent may limit efforts to coordinate with Referral Partners, but should not prevent access to services.

**Section 3:** This directs clients to the CIE website if they would like more information. If the client decides to revoke their consent, their profile will no longer be accessible by CIE Partners and no new information will be shared thereafter. The ten year span is recommended to maintain the continuity of care and reduce the number of times an Authorization need be renewed.

**Signature:** When the client states their name, date of birth and today's date, this activity serves as an alternative to a written signature and completes the Authorization.