

INSTRUCTIONS for ADv5 Service Team Release of Information

PURPOSE OF FORM

The ADv5 documents that the ADvantage Member authorizes the sharing of his or her medical and social information, including Medicare records (if applicable), for the purposes of planning, monitoring and evaluating his or her services and ADvantage Program compliance. Authorization is given for one year and includes: a) specified members of the Member's interdisciplinary service planning team, and b) authorized compliance monitoring agents of the Department of Human Services, including LTCA.

HOW TO COMPLETE THE ADv5

MEMBER INFORMATION

1. Enter the Member's County of Residence
2. Enter the Member's Name:
 - a. Last; b. First, c. Middle
3. Enter the Member's Address:
 - a. Street, b. City, c. State, d. Zip
4. Enter the Member's Medicaid number (9 digit unique identifier)

A. AUTHORIZATION

Explain to Member

5. Explain the purposes of the form to the Member.

B. SERVICE TEAM MEMBERS

Form

6. Identify, in the spaces provided, the members of the Member's interdisciplinary team who are being authorized to share information. The first team member is always the Department of Human Services.

SIGNATURES

Explain to Member

7. Have the Member (or legal representative) read the document and discuss any concerns to be sure it is understood and the selected service setting and case management provider is correctly marked. *(If the Member is unable to read the document, make arrangements to read or have it read to him or her.)*

Form

8. Have the Member (or legal agent) sign and date the document.
9. If the Member signs with a mark, obtain the dated signatures of two witnesses with no interest or conflict of interest in the Member's affairs.

ROUTING

1. Case Manager forwards a copy of the document to ADvantage Administration, PO Box 50550, Tulsa, OK 74150-0550.
 2. Copy to each provider/agency being authorized.
- ADvantage Administration**
3. Copy of documentation placed in Member file.