

**PTSD TELEHEALTH CLINIC:
PROTOCOL AND PROCEDURES**

Version 5.0: 9.5.07

SAMPLE

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PHONE NUMBERS

Denver

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Clinician and Project Director

Elizabeth Brooks
Denver UCDHSC, CNATT Telehealth Coordinator

Reservation X

Reservation X Tribal Veterans Center

Reservation X Tribal Veterans Center, Telehealth Unit

Reservation X Indian Health Service Hospital

Reservation X Indian Health Service Mental Health Office

VA

VA

VA Patient Pharmacy Refill Line

ABBREVIATIONS

The following are abbreviations used in this protocol.

AIANP = American Indian and Alaska Native Programs

CNATT = Center for Native American TeleHealth and TeleEducation

VA = Veterans Affairs Medical Center

RIHS = Reservation X Indian Health Service Hospital

RSTVC = Reservation X Tribal Veterans Center

TOW = Telehealth Outreach Worker

UCDHSC = University of Colorado at Denver Health Sciences Center

SAMPLE

RECRUITMENT

Telehealth Clinic

Patients to be recruited for this clinic should be Reservation X tribal members or American Indian veterans who have served in the US Armed Forces AND who are eligible for VA services. All veterans meeting these criteria are eligible for the clinic, but recruitment efforts should be directed at those veterans who are likely to have experienced a traumatic event (e.g., combat veterans). A traumatic event is where a person has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. Combat is the most likely traumatic event to be experienced by veterans.

Patients for this service will be sought for this clinic through the following mechanisms:

- 1) **The TOW or RSTVC staff will actively seek**, and educate veterans who they feel may be appropriate candidates for the clinic and may benefit from the services.
- 2) **Referrals from VA and RIHS staff** based on veterans that they have come into contact with and whom they feel may benefit from PTSD treatment.
- 3) Public education carried out in conjunction with this service and patient-based referrals of veterans identified by family and friends. These **self-referrals** will be directed to the RSTVC staff or TOW to gather more information about eligibility and need of services.

Once a veteran has expressed interest in the clinic s/he will speak with the TOW and the Clinician to verify enrollment in HSVA or to begin enrollment procedures (see Admission section and Appendix A).

Veteran's Group

The Clinician will recruit participants for the Veteran's Group from the Telehealth clinic patients.

ADMISSION

Determination of Eligibility/VA Enrollment

Once a veteran has expressed interest participating in the Telehealth clinic, s/he will be referred to the RSTVC staff to determine eligibility of clinic services. The RSTVC staff will verify that the veteran is an active patient in the VA system and that they *have a SVA medical record*.

- The TOWs will submit the last name and last 4 digits of the potential patient's social security number.
 - *If the patient is not currently enrolled in the VA system*, the TOWs will work with RSTVC staff to enroll him/her.
 - The TOW will help the patient complete the registration paper work and obtain their DD214 from the internet.
 - The TOW will then turn this paperwork into the VA clerk who will submit it. The clerk will then inform the TOW when the patient is in the system.
 - Once the patient's enrollment in the HSVA is verified they can be scheduled into the clinic for an initial assessment.
- If the patient is not currently enrolled in the VA system, then RSTVC staff and the TOW will work with the patient to enroll him/her. RSTVC staff will complete the VA admission/enrollment form (the form can also be completed by the patient at home, although this is less ideal).
 - The completed form will be given to the RSTVC staff and faxed to VA Admission Office. The patient should then be registered in the computer system within 24-48 hours.
 - At the time of registration, the RSTVC staff or the TOW will ensure that the patient completes the patient registration form for VA, if not already registered as a patient at VA.

CLINIC SCHEDULING AND APPOINTMENTS

1) Clinic Activities

The once weekly 5-hour clinic is run by the Clinician at NCHB via telehealth. The Clinic will consist of initial evaluations, medication management, brief supportive/intervention-based therapy, and a weekly group. During the 4-hour time slot, visit times will be allotted as follows;

Initial Evaluations: 2 hours

Follow-up Visits: 15-45 minutes as directed by the Clinician. The standard time for a follow-up visit will ½ hour unless directed by the Clinician.

For each 4-hour clinic at least 30-45 minutes will be set aside for last minute appointments and walk-ins.

Group: 1 hour

2) Clinic Time

Clinic will occur on Mondays between noon and 5 pm. The time will be allotted in a flexible manner but typically the schedule will be as follows: (Times in MST)

Noon-2pm: New Intakes

2-4 pm: Follow-ups

4-5 pm: Group

3) Scheduling and Reminders

The TOW will be responsible for coordinating the patients into the telehealth clinic and group (e.g., scheduling that patient, liaisons, and facilitating communications). After a patient is verified in the VA system the TOW will contact the patient and set-up an initial 2-hour evaluation in the clinic. General time periods (e.g., 1-2 weeks) will be discussed between the Clinician and patient for follow-up visits. After a session the patient will tell the TOW the general time frame for the follow-up visit and the TOW will schedule the patient for a specific time and date. Participants of the Veteran's Group will inform the TOW whether they will be attending next week's group.

The TOW will contact the Clinician in Denver, each week at least 24 hours before a scheduled clinic to relay the names of the patients, types of appointments made for the clinic, and schedule for the clinic on the upcoming day.

The TOW will attempt to contact patients within 24 hours of their clinic appointment (preferably the morning of the appointment) and remind patients of the scheduled appointment.

The TOWS will keep an appointment book consisting of the dates and times for their respective telepsychiatry clinic and schedule patients into time slots accordingly. When not in use, the scheduling book will be kept a locked secure filing cabinet.

4) Cancellations

Patients will contact the TOW to cancel or reschedule individual appointments.

If a clinic is cancelled the TOW will contact those patients who are affected to notify them of clinic cancellation and work with them to reschedule the appointment.

GENERAL CLINIC POLICIES

The TOW will be present at the RSTVC at all times during Telehealth Clinics/Activities. If the TOW is unavailable a Reservation X Field Staff member may perform the TOW's basic clinic duties for the day (e.g., work the video equipment, help with patient scheduling). The TOW will coordinate with the Reservation X Field Staff Director to provide coverage when unavailable. If no member of the Reservation X Field Staff is available, then the Telehealth Clinic/Activities planned for that time period will be cancelled. The Clinician and will be notified as soon as possible when a cancellation or substitution of staff is made. If a clinic is cancelled, the TOW will contact those patients who are affected to notify them of clinic cancellation and reschedule their appointments.

In addition to scheduling and obtaining consent from the patients, the TOW will have the following duties:

- 1) Assisting the Clinician and other Denver Staff should technical difficulties arise with the equipment.
- 2) The TOW will help to orient the new patients to the Telehealth technologies. When a patient is seen for the first time, the TOW will initially come into the Telehealth room with the patient and, with the help of the Clinician in Denver, orient the patient to the equipment.
- 3) The TOW will not be in the telehealth room during clinical interactions between the patient and the Clinician unless specifically requested to do so by the Clinician, such as during the orientation of a patient to the telehealth technologies, or when troubleshooting with the equipment is required.
- 4) The TOWs will obtain patient consent for Releases of Medical Information when deemed necessary by the Clinician (see Appendix E).
- 5) The TOW will log the hours that s/he worked and keep the hour log for his/her personal records. The TOW will document 32 hours for every 2 week pay period (16 hours per week). The TOW will submit these hours to the VA on a monthly basis as well as send the hours, on a monthly basis, to Elizabeth Brooks for record keeping. The Clinician will review these hours on a quarterly basis.

The TOW will orient all new patients to the RSTVC, following the standard orientation procedures. The TOWs will be responsible for orienting the patients to the specific telepsychiatry clinic procedures and policies.

On the first visit with the patient the Clinician will explain the following General Clinic policies to the patient:

- 1) Emergency Services and Procedures (Appendix D, pages 23-24) as well as Relationship of the clinic with RIHS and VA.
- 2) Limits of Confidentiality; this will be documented in the VA electronic record.

RECORDS

VA Records

The primary patient record will be maintained electronically through the VA System. The Clinician from Denver will use a remote link to access VA computer system. The Clinician will record all clinical interactions with patients following General VA protocol and Guidelines.

SAMPLE

EMERGENCIES

For routine issues between scheduled appointments, patients will be informed through the clinic patient form (Appendix D, pages 23-24) that they need to contact the TOW to schedule a follow-up visit. For urgent issues that cannot wait for the next visit (e.g., medication refills) the TOW will and relay a message to the Clinician, who will then make a determination of appropriate action. Patients may also contact the Clinician directly for these types of issues.

Definition of a Psychiatric Emergency

For the purposes of this service, a psychiatric emergency will be defined as patient reports of;

- 1) New suicidal thoughts or homicidal thoughts that are causing distress to the patient or an impulse or plan to act upon any such thoughts.
- 2) Grossly impaired behavior due to symptoms of PTSD or other mental illness (such as being unable to eat, take care of one's basic needs, e.g., shelter).
- 3) A severe reaction to a medication prescribed by the Clinician (such as severe, intractable vomiting). It will be the clinicians responsibility to describe severe medication reactions to each patient for each medication prescribed and to educate the patient as to when to seek medical attention for such a reaction.

Emergency coverage will be provided by RIHS Mental Health Crisis Services.

Emergency Procedure Outside of Clinic Time

Patients will be instructed that anytime they feel they are in psychiatric crisis outside of telehealth clinic hours to contact **Reservation X Emergency Room and ask for Mental Health Services . Patients must also notify the Clinician through a message left at the Clinician's voicemail** that they have contacted Reservation X ER. To the extent that the Clinician is available, the Clinician will attempt to provide information and coordinate care with Reservation X Mental Health Services.

If the patient contacts the TOW during a psychiatric emergency, the TOW will direct the patient to follow the same emergency procedure, which is to contact the Reservation X ER.

Patient's may also call the VA 24 hour patient help line to obtain guidance and assistance about VA support and services 1-800.273-TALK

Emergency Procedure During Clinic

If a psychiatric emergency situation is identified during a telehealth clinic then the **Clinician will work to arrange an emergency evaluation for the patient by the RIHS ER.** The Clinician will contact the RIHS ER and arrange for an emergency evaluation. The Clinician will also work with the RIHS staff and the RST staff to arrange patient transportation as necessary. The patient, depending on the circumstances, may; 1) arrange own transportation; 2) utilize ambulance services; 3) utilize RST van services if appropriate and available. The TOW or other Reservation X Field Staff will not be involved at anytime in transporting patients.

Reservation X Field Staff and RSTVC staff, including TOW will not be directly involved in any emergency assessment.

If a patient from this service is deemed in need of an **inpatient admission** by RIHS Mental VA will be contacted and RIHS ER will work with VA to coordinate inpatient care at that facility, or another facility if no bed is available. Clinician and staff may work to help facilitate inpatient admission.

SAMPLE

TECHNICAL FAILURES

If at anytime during the telehealth activities the connection should be severed, then the Clinician in Denver will contact the RSTVC by phone (or vice versa, depending upon the end-site experiencing technical difficulties). If the telehealth session is with an individual veteran then the Clinician will speak with this veteran on the phone and either finish the clinic session or reschedule the patient for a later clinic date. The Clinician will also speak with the TOW and discuss whether the rest of the clinic should be continued or if it should be rescheduled. Before ending a session with a patient by phone, the Clinician will assess whether an emergency psychiatric condition is present that may require further evaluation.

If the telehealth connection is severed during a group session the Clinician or educator in the VA will contact the TOW by phone. The TOW will be directed to inform the group members that the group will be rescheduled, and also ask the group members if anyone feels they need to briefly speak with the Clinician. The Clinician may also request to speak with a specific group member for the purpose of assessing the presence of an emergency psychiatric condition.

PRESCRIPTIONS

Patient prescriptions will be filled through the VA pharmacy. Patients will have two options by which to obtain their medications:

1. Patients can have their medications *mailed* directly to them, if desired. If patients do not have a mailing address then they can use the RSTVC address to receive their medications. Mailing takes approximately 7-10 day. Patients who receive their medications through the mail may use the automatic VA refill line @ X for refills.
2. Patients can speak with the RST staff and ask to have the *RSTVC driver* (who makes almost daily trips to VA) pick up their medications from the VA pharmacy. The Clinician will work with the RSTVC staff to help coordinate this. The RSTVC driver will keep a log of any medications picked-up and delivered to the patient.

SAMPLE

LABORATORY SERVICES

Laboratory Services will be provided by VA; the VA has an Outreach Clinic where labs can be drawn. The Clinician will educate patients on this procedure. It will be the Clinician's responsibility to coordinate laboratory services for the patient.

SAMPLE

REFERRALS/PROVIDER COMMUNICATIONS

VA Providers

The Clinician will communicate with the patient's other VA providers, as deemed relevant to the patient's care by the Clinician, by sending the notes (using the co-sign function in the VA computer system) to the patient's other providers. For more complex management situations the Clinician will communicate directly with the VA providers.

Local Providers

The Clinician will identify any local providers relevant to the patient's care and communicate with those providers as warranted by the clinical situation.

Referrals

The Clinician will work with VA and local providers to identify and refer patients in need of primary care, therapy, addiction treatment, and other services as required by the patient. The Clinician will work with the TOW to refer patients to Tribal Programs (e.g., addiction services) as warranted.

REPORTABLE EVENTS

The following are Reportable Events and if a member of the service suspects such events, the Clinician will be notified. The Clinician will then contact Reservation X Social Services at (555) 345-5648, per protocol as outlined in the Reservation X IHS Hospital Adult Protective Service Reporting Policy. The Clinician will have a copy of this available to them during clinic operation.

1. Child abuse (physical, sexual) and neglect (including unsupervised children under the age of 11 or 12 who are left alone).
2. Statutory rape.
3. Excessive consumption of alcohol or other illicit substance by a pregnant woman.
4. Abuse of an Elder (55 years or older) or disabled persons.

SAMPLE

LOSS OF PATIENT CONTACT

No Shows

If a patient does not show for an appointment, the Clinician will attempt to contact the patient by phone, briefly assess why patient missed the appointment, and direct him/her to the TOW to schedule a new appointment. The Clinician will document no shows in the CPRS.

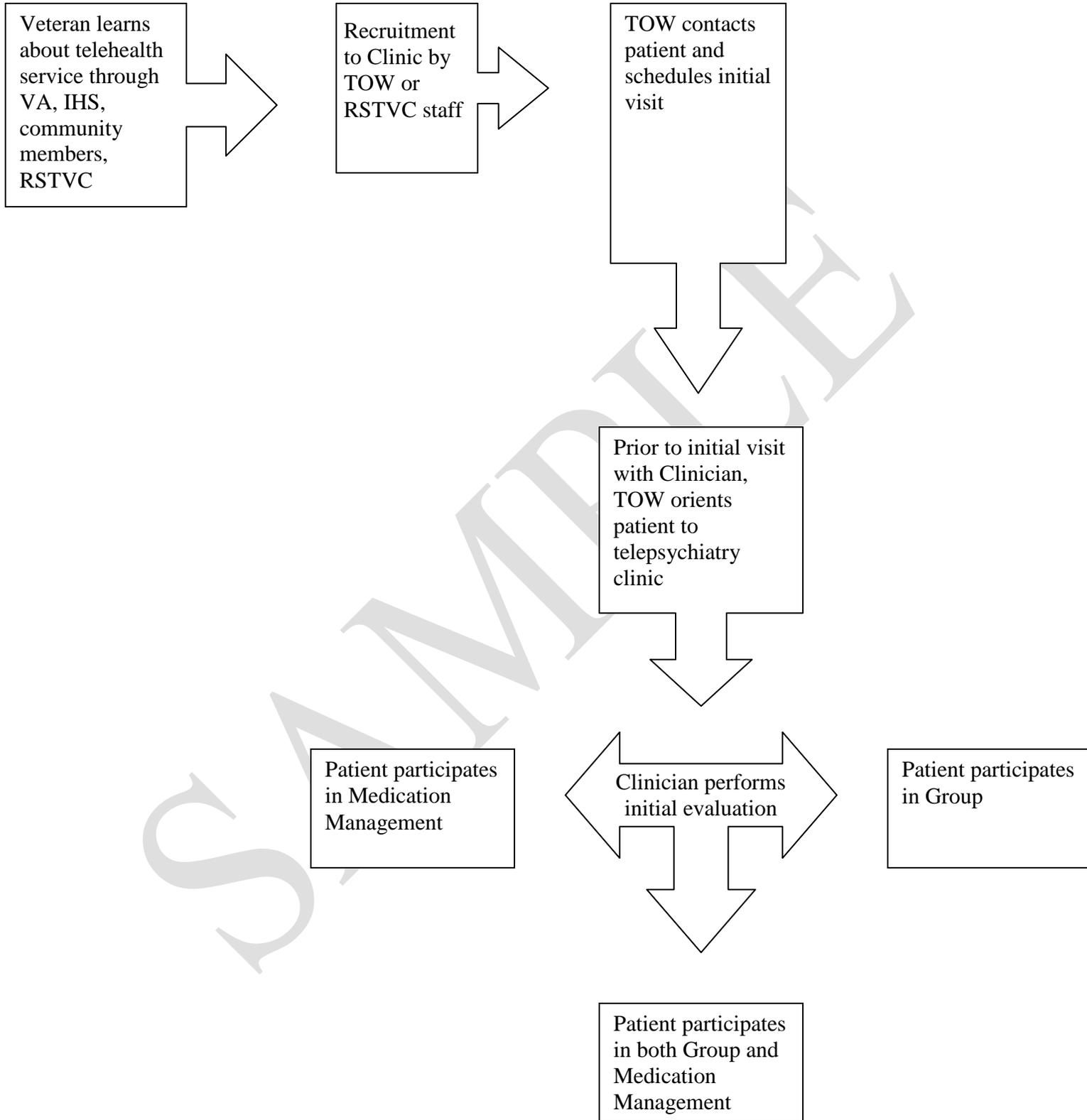
Loss of Contact

The Clinician will attempt to call the patient who is in active treatment in the clinic, but has not had any contact in 6-8 months. The Clinician may also direct the TOW to perform an outreach on a patient.

Outreach by the TOW

TOWs will outreach and meet with veterans in the community. Outreach visits will be focused on scheduling patients for clinic, and helping patients identify and navigate VA, IHS, and other resources for treatment and support. During outreach the TOWS will NOT perform any clinic duties such as clinic assessments, medication management or other treatment activities.

APPENDIX A: OUTLINE OF PATIENT PROCEDURES



APPENDIX B: OUTLINE OF CLINIC PROCEDURES FROM THE PATIENT'S PERSPECTIVE

Admission

- The patient will contact the TOW or staff to express interest in participating in the Veterans Telehealth Clinic
- The patient will complete appropriate paperwork, which may include VA admission packet, releases, consents, and questionnaires and return them to the TOW or staff.
- The patient will then be contacted by the TOW, when registered in the VA system, to schedule an initial evaluation.

Initial Evaluation

- The patient will be oriented to telehealth equipment by the TOW.
- The patient will meet with the Clinician and work with the Clinician to develop initial diagnosis, treatment plan, and plan for follow-up visits.
- The patient will be given and review with the Clinician sheet on clinic info, including emergency coverage, contact information, scheduling, laboratory and pharmacy.
- At end of the session, the patient will check out with the TOW and inform the TOW of the follow-up appointment plan.

Follow-up Visits

- The patient will arrive and check-in with the TOW. When told the Clinician is ready they will be directed to telehealth room.
- Immediately after the visit, the patient will check out with the TOW, and inform the TOW of the follow-up visit.

APPENDIX C: TOW RESPONSIBILITIES

Admission

- The TOW will make sure patient is eligible for VA services.
- Once informed by that the patient is in the computer system, the TOW will then schedule an initial visit for the patient with the Clinician.

Initial Visits

- The TOW, working with the Clinician, will orient the new patient to the use of the videoconferencing system.
- The TOW will make sure that the new patient gets the clinic information sheet and understands how to contact people.

All Visits

- The TOW will check-in patients and coordinate with the Clinician when patients need to be in the telehealth room.
- The TOW will check patient out and schedule follow-up visit as warranted.
- The TOW will assist with troubleshooting technology as needed.

APPENDIX D: PATIENT MATERIALS

Patient Orientation Sheet.....page 22
Patient Information Sheet.....page 23-24

SAMPLE

**PATIENT ORIENTATION SHEET
FOR
RESERVATION X TRIBAL VETERANS TELEHEALTH CLINIC**

Welcome to the Reservation X Tribal Veterans Telehealth Clinic. The purpose of the clinic is to provide mental health services for Reservation X Tribal Veterans who are dealing with Post Traumatic Stress Disorder (PTSD). This clinic is run by the Reservation X Tribal Veterans Center and receives assistance from the VA Medical Center, the Reservation X Indian Health Service Hospital, the Denver Veterans Affairs Medical Center, and the University of Colorado at Denver and Health Sciences Center's Division of American Indian and Alaska Native Programs.

Initial Evaluation

After getting registered in the clinic you will be given an appointment by X to meet Dr. Jay Shore who is a Psychiatrist at the Denver VA. You will meet with Dr. Shore using the video equipment at the Reservation X Tribal Veterans Center. During your initial visit, Dr. Shore will ask you about problems you maybe having with your mental health. At the end of that visit he will provide you with his opinion of what symptoms you maybe suffering from, what the recommend treatment is for those symptoms, and what are the best treatment options available to you. He will then work with you to come up with a plan to best treat symptoms you maybe having.

Enrollment

The Hot Springs VA will be providing support for this clinic, through the use of its pharmacy and medical record system. This clinic will be conducted over the video, and because of the long distance to the Hot Springs and Denver VA, the Reservation X IHS Hospital will be providing emergency services for this clinic. That means that X and the Reservation X Tribal Veteran's Center staff will need to work with you to make sure you are enrolled as a patient both with the VA and the Reservation X IHS before you can be seen in this clinic.

Dr. Shore will discuss with you how the clinic works, and other issues related to treatment at your first meeting.

**PATIENT INFORMATION SHEET
FOR
RESERVATION X TRIBAL VETERANS TELEHEALTH CLINIC**

Welcome to the Reservation X Tribal Veterans Telehealth Clinic. The purpose of the clinic is to provide mental health services for Reservation X Tribal Veterans who are dealing with Post Traumatic Stress Disorder (PTSD). This is a joint project involving several organizations including the Reservation X Tribal Veterans Center, the X Veterans Affairs Medical Center, the Reservation X Indian Health Service Hospital, the Denver Veterans Affairs Medical Center, and the University of Colorado Health Sciences Center's Division of American Indian and Alaska Native Programs. This sheet provides some general information about the clinic.

WHO IS THE CLINIC DOCTOR?

Dr. Jay H. Shore is the doctor for this clinic as well as the project coordinator. Dr. Shore is a psychiatrist who works in Denver at the University of Colorado at Denver and Health Sciences Center in the Division of American Indian and Alaska Native Programs (AIANP). He is certified to provide care for patients through the X VA. His number in Denver is

WHAT IS A MENTAL HEALTH EMERGENCY?

There are several things that may be considered a mental health emergency.

1. Having thoughts of wanting to harm your self or harm others, especially when:
 - These are new thoughts.
 - You feel you may act on these thoughts.
 - You begin to make plans to carry out these thoughts.
2. Being unable to take care of your basic needs (such as food, shelter, and clothing) because of the state of your mental health. For example feeling so sad that you are unable to eat.
3. Having a severe reaction to a medicine that Dr. Shore has prescribed for you. For each medication that Dr. Shore recommends you take, he will inform you of the signs of a serious reaction, and what you should do about it.
4. Other thoughts or behaviors not described above where you feel that yourself or others maybe in danger or be harmed because of a mental or medical condition. Remember it is always better to be safe, and seek help and advice when you are unsure if you are having an emergent mental health or medical condition than to try and handle a situation by yourself.

WHAT SHOULD I DO IN THE CASE OF AN EMERGENCY?

This clinic is taking place by telehealth (live interactive video conferencing). The clinic staff and Dr. Shore may have limited availability except during scheduled clinic hours. . The Reservation X IHS (Indian Health Service) Hospital will provide emergency services and care for patients involved in this clinic. If at anytime you feel you are having an emergency due to a mental health condition you need to contact the Reservation X IHS Main Phone Number, and ask for the Emergency Room. When connected with the ER, explain your situation and ask for Mental Health Emergency Services. You may also go directly to the Reservation X IHS Emergency Room. Please remember to tell the Emergency staff that you are receiving treatment through this clinic, and inform them of any medications you are taking. If you have any contact with

emergency services, at your earliest opportunity please call Dr. Shore (303-724-1465) and leave a message for him, describing the situation so he is aware of what is occurring.

You may also call the VA 24 hour patient help line to obtain guidance and assistance about VA support and services 1-800-273-TALK.

HOW DO I SCHEDULE/CHANGE APPOINTMENTS IN THE CLINIC?

X is a Reservation X Veteran who is a member of the AIANP's Reservation X Field Staff . X handles all scheduling for the clinic. Please call him to schedule, change, or cancel a clinic appointment.

WHAT DO I DO IF I FEEL I NEED TO SPEAK WITH DR. SHORE BEFORE MY NEXT APPOINTMENT?

If you feel you are having a mental health emergency please follow the procedures as described in the sections above, what to do in an emergency. If feel it is not an emergency but you want speak with Dr. Shore before your next scheduled appointment please contact X to schedule a walk-in/last minute appointment. We will try to leave time in our weekly telehealth clinic to accommodate last minute/walk-in appointments that week.

HOW DO I GET MY MEDICINES THAT DR. SHORE PRESCRIBES FOR ME?

Your medications will be prescribed through the X VA Pharmacy. You have two options for obtaining these medications.

1. You may use the X VA mail order pharmacy, which will mail medications directly to an address that you provide. It usually takes 7-10 days to receive these medications in the mail. To get authorized refills, you may call the Pharmacy automated refill line at X option # 3.
2. You may also have the Reservation X Veterans Center Van, which usually makes daily trips into X, pick up your medications from Hot Springs, and bring them to the Reservation X Veterans Center. If you would like to do this, please inform Dr. Shore and he will help you make the arrangements with the Reservation X Veterans Center staff.

Please Note: Because it may take 1-2 weeks to get medications to you, it is very important that you communicate with Dr. Shore at least 3 weeks before your medication is due to run out.

APPENDIX E: CONSENTS

VA Release of Information (to be signed when requested by Clinician)page 26
IHS Release of Information (to be signed when requested by Clinician).....page 27

SAMPLE

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)	PATIENT NAME (Last, First, Middle Initial)	
	SOCIAL SECURITY NUMBER	

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

COPY OF HOSPITAL SUMMARY COPY OF OUTPATIENT TREATMENT NOTE(S) OTHER (Specify)

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redislosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the

authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT (Pss, Social Security Number)	TYPE AND EXTENT OF MATERIAL	RELEASED
	DATE RELEASED	RELEASED BY

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

COMPLETE ALL SECTIONS, DATE, AND SIGN

I, _____, hereby voluntarily authorize the disclosure of information from my health record. (Name of Patient)

II. The information is to be disclosed by:	And is to be provided to:
NAME OF FACILITY	NAME OF PERSON/ORGANIZATION: FACILITY
ADDRESS	ADDRESS
CITY/STATE	CITY/STATE

III. The purpose or need for this disclosure is:

- Further Medical Care
 Attorney
 School
 Research
 Personal Use
 Insurance
 Disability
 Other (Specify) _____

IV. The information to be disclosed from my health record: (check appropriate box(es))

- Entire Record
 Only information related to (specify) _____

 Only the period of events from _____ to _____
 Other (specify) (CHS, Billing, etc.) _____
 Psychotherapy Notes ONLY (by checking this box, I am waiving any psychotherapist-patient privilege)

If you would like any of the following sensitive information disclosed, check the applicable box(es) below:

- Alcohol/Drug Abuse Treatment/Referral
 HIV/AIDS-related Treatment
 Sexually Transmitted Diseases
 Mental Health (Other than Psychotherapy Notes)

V. I understand that I may revoke this authorization in writing submitted at any time to the Health Information Management (Health Records) Department, except to the extent that action has been taken in reliance on this authorization. If this authorization was obtained as a condition of obtaining insurance coverage or a policy of insurance, other law may provide the insurer with the right to contest a claim under the policy. If this authorization has not been revoked, it will terminate one year from the date of my signature unless a different expiration date or expiration event is stated.

(Enter if different from one year after date below)

I understand that IHS will not condition treatment or eligibility for care on my providing this authorization except if such care is: (1) research related or (2) provided solely for the purpose of creating Protected Health Information for disclosure to a third party.

I understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164], and the Privacy Act of 1974 [5 USC 552a].

SIGNATURE OF PATIENT	DATE
SIGNATURE OF PERSONAL REPRESENTATIVE (State relationship to patient) or Witness (if signature is thumbprint or mark)	DATE

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 USC 552a(i)(3)).

PATIENT IDENTIFICATION	NAME (Last, First, MI)	RECORD NUMBER
	ADDRESS	
	CITY/STATE	DATE OF BIRTH