



Network Notification

Notice Date: August 8, 2018
To: CareSource Health Partners
From: CareSource®
Subject: Consent to Share Sensitive Health Information

CareSource is excited to announce new tools to help you coordinate patient care and comply with regulations regarding sharing sensitive health information (SHI). SHI is a subset of protected health information (PHI) which may require consent from the individual in order to be shared with others.

BACKGROUND

As you know, the Health Insurance Portability and Accountability Act (HIPAA) controls the use and disclosure of health information. Another federal requirement, [42 CFR Part 2](#), and some state requirements also protect health information if a patient has a sensitive health diagnosis.

WHAT'S NEW?

Because our goal is to help you help your CareSource patients, we have implemented online tools to automate:

- Verifying consent to ensure that you do not share health information inappropriately
- Obtaining consent to share health information

VERIFYING CONSENT

When a patient has a sensitive health diagnosis (e.g., treatment for drug/alcohol use, genetic testing, HIV/AIDS, mental health or sexually transmitted diseases), you should verify if the patient has granted consent to share health information.

Log in to the Provider Portal at <https://providerportal.caresource.com> and search for the CareSource patient using the Member Eligibility option. A message displays if the patient has not consented to sharing sensitive health information. If the patient has not consented, you may not have access to all of the patient's health information on the Provider Portal.

OBTAINING CONSENT

Please encourage your CareSource patients who have not consented to complete a Member Consent/HIPAA Authorization Form so that all providers involved in their care can effectively coordinate their care. This form is located on **CareSource.com** on the member Forms page and via the following links:

[Ohio Medicaid](#)
[Ohio Medicare Advantage](#)
[CareSource MyCare Ohio](#)
[Marketplace Plans](#)

The Member Consent/HIPAA Authorization Form can also be used to designate a person who can speak on the patient's behalf. This designated representative can be a relative, a friend, a physician, an attorney or some other person that the patient specifies.

NEXT STEPS

If you have questions about patient consent, please contact Provider Services from 8 a.m. to 6 p.m., Monday through Friday:

Ohio: **1-800-488-0134**

Kentucky: **1-855-852-5558**

West Virginia: **1-855-202-1091**

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