

Waiver of Confidentiality BHSF Waiver

Purpose:

The BHSF Waiver form is used to obtain consent of the applicant/recipient or his her authorized representative for the release of information to Louisiana's Medicaid Program OR from the agency's records to another source.

NOTE: If protected health information is being requested use form [HIPAA 402P](#).

Preparation:

All information shall be entered prior to the obtaining of signatures.

An original of Form Waiver is prepared and scanned to the ECR.

Enter the name, SSN, MEDS Case Identification number, and address of the applicant/enrollee in the first section.

Enter the name and address of the individual, agency, or other entity being granted permission to release information in the second section.

Check one block, as appropriate, for each of the three items in the third section to indicate a) party to whom the information is to be released; b) the information to be released; and c) the purpose of releasing the information. If the second block in any of the three items is selected, enter specific information to complete the item.

Obtain the signature and date of signature of the applicant/recipient (including a minor) and or of the authorized representative (including a parent, guardian, or legal custodian) to authorize release of the information. Obtain signatures of witnesses, when required by policy.

Disposition

The original of this form shall be forwarded to the individual, agency, or other entity being granted permission to release information with all appropriate attachments. The copy shall be maintained in the agency case record.

All activity shall be recorded on the Case Activity Log.