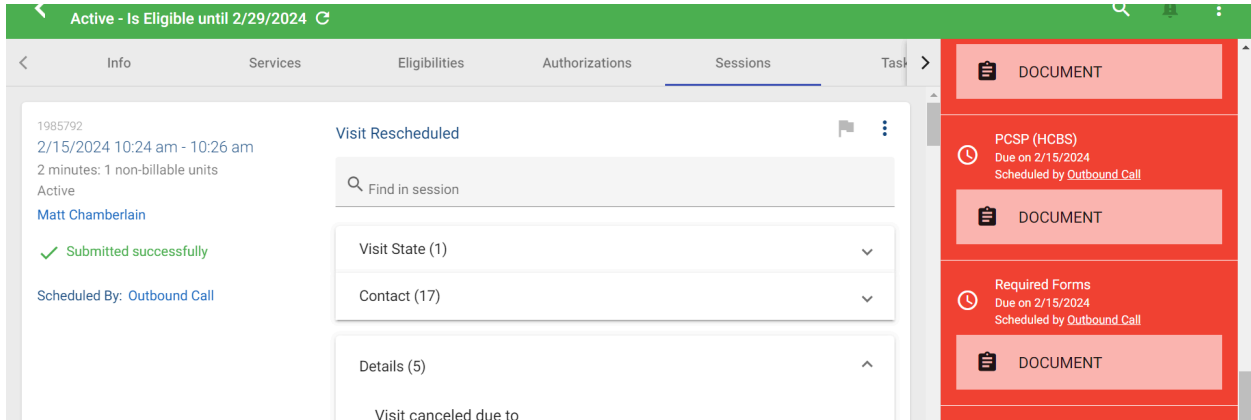
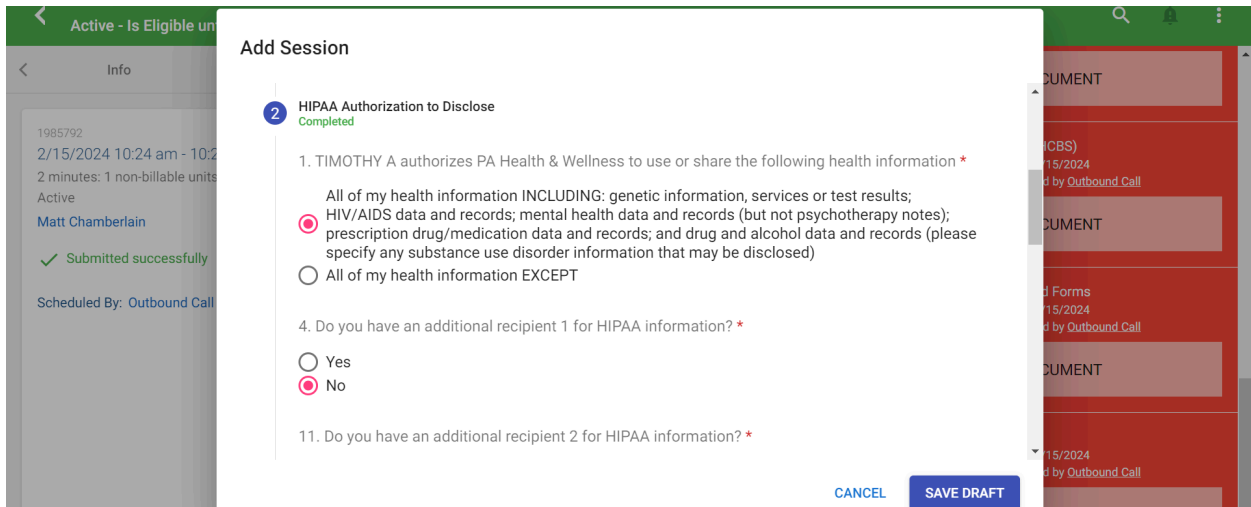


## Filling out the PHI form:

1. At every visit, the Personal Health Information (PHI) form needs to be completed. This is a form that changes over time, so it should be discussed and adjusted at each visit.
2. Once you have scheduled your visit in FP, the PHI form is updated by clicking on the “document” button on the right hand side of the screen under “Required Forms”.

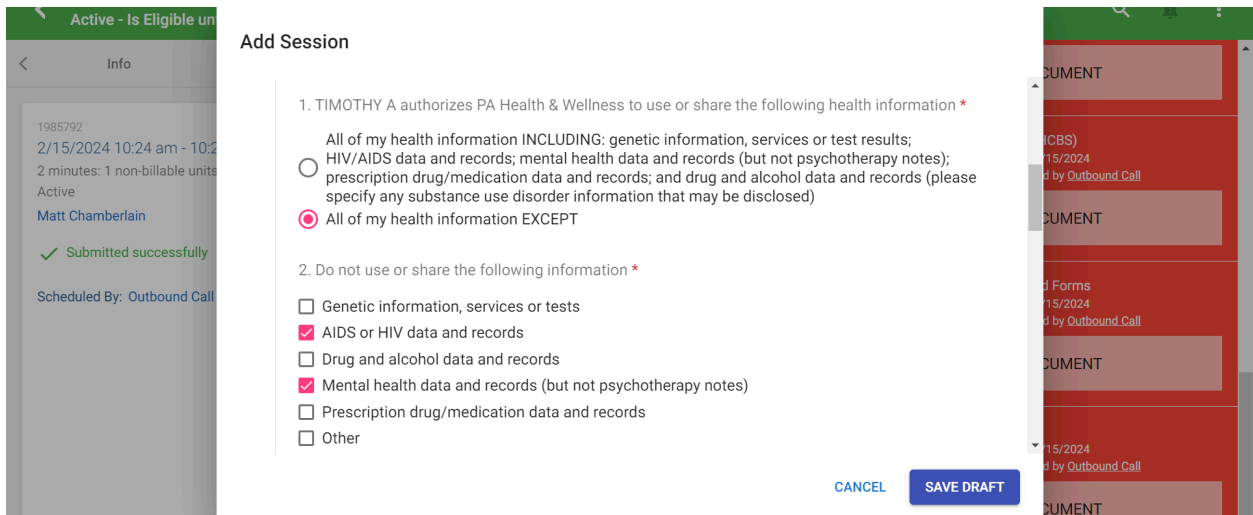


3. The section of the Required Forms that holds all of the information about who can have access to the participant’s PHI is located in “HIPAA Authorization to Disclose”



4. The first question is where the participant will specify if they are agreeable to having the individuals listed on this form having access to all of their health information **OR** if they have any information they do not want to be shared with the individuals listed on the form.
  - a. If the participant wants individuals listed to have access to all of their information, then the SC would select the first option.

- b. If the participant does not want individuals listed to have access to all of their information, then the second option is listed and the SC will discuss and record what health information the participant does not want shared.
  - i. If the participant wants to limit information and there is not a specific option that captures what the participant wants, then the SC will select “other” and write in the participant's exception(s).
  - ii. The participant has the right to limit ANY of their PHI from individuals listed, make sure the participant is aware of their right to exceptions.
- c. Even if the participant does not wish to add individuals to the form at the time of the visit, the form automatically has their PCP and Amcord listed, as these are required for continuity of care.
  - i. SC’s need to ensure that PCP information listed in the “info” tab in FP are accurate and up to date, so that it can auto fill with the correct information.



5. The following questions about recipients of HIPAA information **must** be completed in Function Portal
  - a. No one will be able to speak with any individual other than the participant/POA (if POA paperwork is on file) at any time, about any information related to the participant, unless their name and information is on this form.
  - b. Examples of who should be listed on this form:
    - i. Family members or friends that the participant would like the SC to be able to speak with at any time
    - ii. Doctors that the participant sees (other than PCP, who is auto listed)
    - iii. Hospitals that the participant uses
      1. Without hospitals listed on this form, no hospital should be communicating with the SC and they will not send medical records that may be requested.

Active - Is Eligible un

Info

1985792  
2/15/2024 10:24 am - 10:2  
2 minutes: 1 non-billable units  
Active  
Matt Chamberlain  
Submitted successfully  
Scheduled By: Outbound Call

### Add Session

4. Do you have an additional recipient 1 for HIPAA information? \*

Yes  
 No

5. Additional recipient 1 name \*

Dr. John Doe (Cardiologist)

6. Additional recipient 1 address \*

123 Street Road

CANCEL SAVE DRAFT

Active - Is Eligible un

Info

1985792  
2/15/2024 10:24 am - 10:2  
2 minutes: 1 non-billable units  
Active  
Matt Chamberlain  
Submitted successfully  
Scheduled By: Outbound Call

### Add Session

7. Additional recipient 1 city \*

Phila

8. Additional recipient 1 state \*

PA

9. Additional recipient 1 zip \*

19116

10. Additional recipient 1 phone \*

215-555-5555

CANCEL SAVE DRAFT

## 6. Both the participant and the SC must sign

Active - Is Eligible un

Info

1985792  
2/15/2024 10:24 am - 10:2  
2 minutes: 1 non-billable units  
Active  
Matt Chamberlain  
Submitted successfully  
Scheduled By: Outbound Call

### Add Session

3 Signature  
2 remaining

1. Who is signing the the forms? \*

Participant  
 Family  
 Legally Appointed  
 Other

3. Participant or participant's authorized representative signature \*

CANCEL SAVE DRAFT