



## Consent for the Release of Confidential Alcohol or Drug Treatment Information

Medicare is working with groups of doctors and medical providers participating in Accountable Care Organizations (ACOs). Under this program, Medicare shares information from claims submitted to Medicare to help your doctor(s) and health care team give you with the best possible care.

To protect your privacy, Medicare usually does not share information about alcohol or drug treatment with ACOs. However, having this information can help your doctor better coordinate your care. You can give Medicare permission to include alcohol or drug treatment records in the claims information Medicare shares with ACOs each month.

To give your permission for Medicare to share your alcohol or drug abuse treatment information with Revere Health, complete this form and return it to the address on page 2.

Medicare will not share your alcohol and drug abuse treatment information unless you complete, sign and return this form.

### A. Your Rights

Medicare won't share any information with Revere Health about alcohol or drug abuse treatment without your permission. You can give Medicare permission to share this information with Revere Health by completing and returning this form. Your permission will take effect within 60 days.

Your permission to share this information will remain in effect for as long as you remain aligned to Revere Health, unless you notify us that you no longer want Medicare to share this information. You can ask Medicare to stop sharing your information at any time by calling 1-800-MEDICARE at 1-800-633-4227. TTY users should call 1-877-486-2048.

At any time, you have the right to ask Revere Health to explain which health care providers working with Revere Health will have access to your medical data and information.

- I've read this whole section and understand my rights. I understand that by completing this form, I'm giving Medicare permission to share my alcohol or drug abuse treatment information with Revere Health.

Signature: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

## B. Your Information

Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## C. Consent to Release Alcohol or Drug Treatment Information

I, \_\_\_\_\_, authorize Medicare to disclose to Revere Health  
(Name of patient)

information regarding my past, present, and future treatment for alcohol, drug treatment, or substance abuse. The purpose of this disclosure is to help my doctors and other healthcare providers involved in my care provide me with the highest quality and most appropriate care.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records. I also understand that I may revoke this consent at any time.

Signature: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Check here if the person completing and signing this document is serving in the capacity of a personal representative of the listed Medicare beneficiary. Please attach the appropriate documentation to demonstrate your legal authority to execute this document on behalf of the beneficiary (for example, Durable Medical Power of Attorney).  
This box should **only** be checked if someone other than the person with Medicare signed above.

Print the Personal Representative's Address (Street Address, City, State, and ZIP):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Personal Representative: \_\_\_\_\_

Personal Representative's Relationship to the Beneficiary: \_\_\_\_\_

## D. How to Submit Your Form

Please return this form via email to [patientconcerns@reverehealth.com](mailto:patientconcerns@reverehealth.com) or mail to:

Revere Health  
Attn: Clinical & Quality Services Director  
1055 N 500 W, Bldg B Administration  
Provo, UT 84604

## E. Questions?

If you have questions, contact 1-800-MEDICARE "1-800-633-4227."  
TTY users should call 1-877-486-2048.