Instructions

Consent to Transfer MIHP Record to a Different Provider (Consent to Release Protected Health Information)

MIHP 402 (11-01-15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

If you are serving multiple beneficiaries in the same family, complete this form separately for every beneficiary.

- From my current provider: Insert name of current MIHP program (transferring agency).

- To the following provider: Insert name of MIHP program to which the beneficiary will transfer (receiving agency).

- The following protected health information may be transferred to my new MIHP provider: Check the first box if beneficiary is a pregnant woman. Check the second box if beneficiary is an infant. The beneficiary or legal representative cannot refuse to allow her or her infant's information to be sent to the receiving MIHP if she wants to continue to participate in MIHP services.

- Ask the beneficiary or legal representative to check one of the boxes: I DO or I DO NOT consent to the release of protected health information as specified in this form. You may not prepopulate this field. You may check the box for the beneficiary while the two of you are discussing and completing this document.

Signatures Section

- Beneficiary Name: Print the name of the maternal or infant beneficiary.

- Legal Representative Name: Print the name of the legal representative, if applicable. An infant beneficiary will always have a legal representative, so this field must always be completed for an infant. Most often, the legal representative will be the biological mother, but alternatively it may be the biological father, other relative, guardian, or foster parent. A pregnant woman would have a legal representative if she:
    - Is under 12 years of age.
    - Is 12 years of age or older and has a court-appointed guardian to make her personal decisions such as medical care decisions.

If the mother is under 12 years of age, or is incapacitated and has a guardian, she is considered to be the infant's legal representative, unless court action has been taken.

If there is no legal representative, you may leave this field blank or write "NA."

- Legal Representative Relationship to Infant Beneficiary: Write "mother", "father", (other relative (specify), "guardian", or "foster parent."

- Signature of Legal Representative and Date: Ask the legal representative (as defined above) to sign here and document date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered. If the representative cannot sign her name, ask her to sign her mark.

- Signature of MIHP RN or SW: The RN or SW signs here, with credentials, and documents the date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered.