# CHANGE NOTICE FOR MANUAL NO 20-03, Revised DMA-5028, Authorization to Disclose Information

#### DATE: MARCH 20, 2003

Manual: Aged, Blind, and Disabled Medicaid

Change No: 20-03

**To: County Directors of Social Services** 

Effective: April 1, 2003

#### I. backgrounD

The HIPAA Privacy Rules require Medicaid to protect the privacy of individual identifiable health information. As such, HIPAA prohibits the use and/or the disclosure of protected health information unless authorized by applicants/recipients.

### **II. Content of change**

A. DMA-5028

1. Authorization To Disclose Information has been modified to incorporate HIPAA requirements. It has been designed to mirror the SSA-827, Authorization to Disclose Information to Social Security Administration, creating space to allow name of source and dates of treatment.

2. If an applicant/recipient has objection with any source listed on the

DMA-5028, he may choose not to disclose information to that source by lining through that source and proceeding with his signature.

B. Changes to MA-2525, Disability

DDS reports medical records are not received timely when sent through the Mail Service Center. Therefore, DDS requested that medical records be sent to the P.O. Box address.

## **III. Effective Date**

This change is effective April 1, 2003. For any applications taken on or after April 1, please use the revised DMA-5028. For any redeterminations requiring disability reviews on or after April 1, use the revised DMA-5028.

## **IV. Maintenance of Manual**

A. Remove MA-2525, p 5 & 6

Insert attached MA-2525, p. 5 & 6

#### Insert attached DMA-5028, Authorization To Disclose Information, Figure 9

B. Remove DMA-5028, Consent For Release Of Information, from the Medicaid Eligibility Manual 5000 Series

If you have any questions about this policy, please contact your Medicaid Program Representative for assistance.

Nina M. Yeager

Director

[Beverly Miles, Medicaid Policy Consultant, researched and prepared this material.]