**Communication and Information Sharing with Providers of Medical Care**

While HIPAA allows sharing of medical information, it is preferred that our clients authorize releasing information to Medical providers and hospitals. Authorizing the release of information allows the individual to be aware of the communication. In cases of medical emergency, when the person is unable to provide self care, it is allowable to share information without consent.

**Coordinating care for clients with Primary Care, Medical specialty and others, involves sharing medical information.**

\_\_\_ Treatment history (as appropriate)

\_\_\_ Assessed needs

\_\_\_ Lab results obtained through Pathways

\_\_\_ Current Pathways’ prescribed medications

\_\_\_ Hospital Discharge medications, if notifying Primary Care or Medical Specialty of a

 medication reconciliation

\_\_\_ Identified treatment gaps, when applicable

**Coordinating care for Psychiatric admissions**

\_\_\_ Treatment history

\_\_\_ Treatment needs and goals

\_\_\_ Current situation and current behavioral symptomology

\_\_\_ Symptoms and behaviors typical in crisis and in stability

\_\_\_ Baseline behaviors/abilities

\_\_\_ Pathways’ prescribed medications

\_\_\_ Outside medications

\_\_\_ Pathways’ lab results

\_\_\_ Treating psychiatrist name and contact information

\_\_\_ Contacts for support

**Coordinating care at Medical Hospital admission**

\_\_\_ Pathways’ medications

\_\_\_ Pathways’ lab results (as appropriate)

\_\_\_ Other prescribed medications

\_\_\_ Treating provider(s) names and contact information

\_\_\_ Known medical conditions

\_\_\_ Ability to self manage chronic conditions

**Coordinating care through Level of Care Transitions (Hospital to home; Hospital to Nursing home or RCF; Nursing home or RCF to home)**

\_\_\_ Share known medical conditions

\_\_\_ Ability to self manage chronic conditions

\_\_\_ Baseline behavior/ability, if psychiatric condition is involved

\_\_\_ Medications prescribed

\_\_\_ Medications stopped during level of care

\_\_\_ New Medications

\_\_\_ Insure correct medications instructions are communicated and understood

\_\_\_ Date and time of follow-up appointments

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