



## Healthcare Exchange of Information Form

*Innovative Resource Group requires contracted behavioral health practitioners/providers to coordinate treatment with other behavioral health practitioners/ providers, primary care practitioners (PCPs), and other appropriate medical practitioners involved in a member's care. Please complete this form and send it to the appropriate care provider(s) treating the member.*

**PATIENT NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**A. Behavioral Health Practitioner/Provider Information:**

Treating Behavioral Health Practitioner Name: _____	Treating Behavioral Health Practitioner Telephone #: _____
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**B. PCP/Medical Practitioner or Other Behavioral Health Practitioner/Provider/ Information:**

PCP/Medical Practitioner or Other BH Practitioner Name: _____ _____ Telephone #: _____ FAX #: _____	Address: _____ _____ _____
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**C. Patient Clinical Information:**

1. The patient is being treated for the following behavioral health diagnosis(es): _____ _____	
2. The patient is taking the following prescribed psychotropic medication/s: _____ _____ _____	
3. Coordination of Care Issues/Other Significant Information impacting medical or behavioral healthcare: _____ _____ _____ _____	

★ **DATE FORM MAILED OR FAXED TO OTHER BH PRACTITIONER/PROVIDER:** \_\_\_\_\_  
**(PLACE A COMPLETED COPY OF THIS FORM ON THE PATIENT'S MEDICAL RECORD)**

I hereby freely, voluntarily and without coercion, authorize the behavioral health practitioner listed above in Section B to release the information contained on this form to the practitioner/provider listed in section C above. The reason for disclosure is to facilitate continuity and coordination of treatment.

I do not wish to have information shared with:

My PCP/medical practitioner

My other behavioral health practitioner(s)/provider(s).

I am not currently receiving services from:

Any PCP

Any other behavioral health practitioner/provider.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Behavioral Health Practitioner Signature**

\_\_\_\_\_  
**Date**



**(SEE REVERSE SIDE FOR EXCHANGE OF INFORMATION REQUIREMENTS)**

**Dear APS Practitioner:**

Innovative Resource Group (IRG) requires the appropriate, confidential and timely exchange of information to achieve the safest and most effective coordination of care. APS has specific requirements for:

- Exchange of information across all levels of behavioral healthcare and between all behavioral healthcare practitioners and provider types.
- Exchange of information between behavioral health practitioners and providers and primary care practitioners (PCPs) and other medical practitioners and providers.

(Complete information on exchange of information requirements can be accessed on the web: [apshealthcare.com](http://apshealthcare.com) Once at the site click on "Provider Resources.")

Table 1 outlines the requirements for communication between behavioral health practitioners.

**Table 1**

From	To	Conditions that Require Exchange	Minimum Information to be Exchanged	Timeliness/ Frequency of Exchange
Behavioral health practitioner	Other behavioral health practitioner	When making or receiving a referral or when the member is in treatment with another behavioral health practitioner.	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Medication/s Prescribed (<i>Psychiatrists and other prescribing practitioners only</i>)</li> <li>• significant coordination of care issues</li> <li>• Any significant risk status or issues</li> </ul>	<u>With existing behavioral health practitioner</u> Within 30 calendar days of the initial assessment. Annually if concurrent care continues for > 12 months. <u>With "referred to" behavioral health practitioner</u> Within 30 calendar days of the date of referral. Annually if concurrent care continues for > 12 months. <u>With "referred from" behavioral health practitioner</u> Within 30 calendar days of the initial referral appointment. Annually if concurrent care continues for > 12 months.

Table 2 outlines the requirements for communication between behavioral health practitioners and providers and PCPs

**Table 2**

From	To	Conditions that Require Exchange	Minimum Information to be Exchanged	Timeliness/ Frequency of Exchange
Behavioral health practitioner	Primary care practitioner (PCP)	When a member: <ul style="list-style-type: none"> <li>• Utilizes behavioral health treatment and</li> <li>• Has a PCP</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Medication/s Prescribed (<i>Psychiatrists and other prescribing practitioners only</i>)</li> <li>• Other significant coordination of care issues/ medical compliance issues</li> </ul>	Within 30 calendar days of the initial assessment. Annually if care continues for > 12 months, or more frequently if the member's clinical condition or treatment changes significantly.

**PLEASE DO THE FOLLOWING:**

- COMPLETE THE OTHER SIDE OF THIS FORM,
- REVIEW WITH THE PATIENT, AND
- FORWARD TO THE APPROPRIATE PRACTITIONER.