



Confidential Authorization and Consent Forms Information **Privacy Policy**

Privacy Policy: The TMF protects as confidential and privileged all information it generates on physician participants in its Physicians Health Program. The TMF PHP follows the Tennessee Peer Review Act of 1967 (T.C.A. §63-6-219), as well as the Public Health Services Act (“PHSA”, see 42 USC 290ee-3 and 42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In any event, TMF-PHP as a matter of policy does not release copies of its peer review records, information or copies of documents that it has generated (and which are unavailable elsewhere) that are necessarily protected as privileged and confidential under these laws. The TMF will release certain types of peer review information as part of the advocacy process for physician participants. The TMF requests that its release forms be completed prior to such release. As a general matter, the release of such information is contemplated as part of the advocacy/aftercare contracts that participants sign. As an additional protection against unauthorized releases (especially by third parties who receive such advocacy information), the PHP requires that the applicable consent and authorization form(s) be completed by each participant *prior to the requested communication or advocacy* event.

Release Forms Explanation: The TMF-PHP has two types of authorization/consent forms. Both forms have an acknowledgement noting that the you have received a copy of this privacy policy. The first form (**Form #1**) authorizes other entities and individuals to release information about you **TO** the TMF-PHP. This form is particularly helpful as the PHP follows you, for example, through the assessment and treatment processes. Without this form, the PHP likely will not be able to assist you or advocate for you.

Form #2 authorizes the PHP to release information **FROM** its participant file about you as part of the ongoing advocacy process to entities or individuals who need the information to determine whether, for example, your hospital privileges, HMO credentials, or medical license should be kept in place. All requests TMF receives for written information regarding your participation with the program must be submitted to our offices in writing. If you receive a written request for information, it is important that you send us a copy of the request and that the language in the release reflect the information being sought. For example, some employers are satisfied with a simple verification that a physician is in the program whereas others require a more detailed account of the physician's participation. It is critical that we understand the extent of the inquiry so that we will know what information to release. In any event, TMF-PHP as a matter of policy does not release copies of its peer review records, or information or copies of documents that it has generated (and which are unavailable elsewhere) that are necessarily protected as privileged and confidential under the Tennessee Peer Review Act of 1967 [TCA §63-6-219], and which may be protected under the Public Health Services Act (42 USC 290ee-3 and 42 CFR Part 2).

We encourage you to rely on your personal legal counsel in completing this form. Be sure to submit your request to us one month prior to the deadline and let us know when the deadline is. Due to the demands on our PHP staff, TMF-PHP policy states that requests for advocacy letters or other documentary information will be fulfilled within 10 business days following the TMF-PHP's receipt of the written request including completion of the applicable consent and authorization form(s). For further information, please contact Jeanne Breard, TMF-PHP Clinical Coordinator, at (615) 467-6411.



Physicians Health Program (PHP)

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**AUTHORIZATION AND CONSENT FOR RELEASE
OF INFORMATION TO TMF PHP**

I, _____
(Please print Participants Name)

Home address: _____
Street City State Zip _____
Office Address: _____
Street City State Zip _____
Home Phone: _____ Office Phone: _____

I ACKNOWLEDGE RECIEPT OF TMF'S PRIVACY POLICY AND HEREBY AUTHORIZE:

1. _____

(Name or description of program making the disclosure)

1. TO DISCLOSE/RELEASE

(Please check all that are appropriate)

- Treatment and discharge summary reports including recommendations
- Evaluations including urine results and reports including recommendations
- Clinical updates
- To Re-disclose _____

(Note: Once re-disclosed, information may not be HIPAA protected.)

Other _____

1. TO: The TMF Physicians Health Program and its staff and applicable RAM Team.

1. PURPOSE:

- To facilitate case management and advocacy efforts
- Other _____

1. Participant's Signature _____

1. Date of Signature ____/____/____

EXPIRATION: THIS CONSENT IS SUBJECT TO WRITTEN REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT THE TMF PHP WHICH IS TO MAKE THIS DISCLOSURE HAS ALREADY TAKEN ACTION IN RELIANCE ON THIS AUTHORIZATION/CONSENT. ONCE RE-DISCLOSED, THE INFORMATION RECIPIENT(S) POTENTIALLY MAY RE-DISCLOSE TO PERSONS/ENTITES NOT SUBJECT TO HIPAA. THE TMF-PHP RESERVES THE RIGHT TO CHANGE ITS PRIVACY PRACTICE. THE PARTICIPANT MAY REQUEST A RESTRICTION OF THE USE OF COVERED INFORMATION, BUT, UNLESS IT AGREES, THE TMF-PHP IS NOT REQUIRED TO HONOR THAT REQUEST. IF NOT PREVIOUSLY REVOKED, THIS CONSENT WILL TERMINATE THIRTY (30) DAYS AFTER SUCCESSFUL COMPLETION OF TMF-PHP PARTICIPATION OR AFTERCARE CONTRACT UNLESS ANOTHER DATE IS INDICATED: ____/____/____