VENTURE FORTHE
PERSONALIZED HOME CARE SERVICES

Venture Forthe, Inc.

Care Management Agency Serving Western New York, affiliated with the following Health Home Providers:

- ☐ Niagara Falls Memorial Medical Center (NFMMC)
- ☐ Health Homes of Upstate New York (HHUNY)
- ☐ Greater Rochester Health Home Network (GRHHN)
- ☐ Greater Buffalo United Accountable Healthcare Network (GBAUHN)

Name:	DOB:	Gender:
Address	Medicaid CIN #:	
	MCO/MLTC Organization:	
County of Residence:	Alternate Point of Contact:	
Phone: ☐ Home ☐ Cell	Language Preference:	

Email:

Eligibility Category Information

Check all that apply. Must meet wither A only, or B only or two C to be eligible

Check		Category	Diagnosis Detail
☐	A	Serious Mental Illness	
☐	B	HIV/AIDS	
☐	C	Mental Health Condition	
☐	C	Substance Abuse Disorder	
☐	C	Asthma	
☐	C	Diabetes	
☐	C	Heart Disease	
☐	C	BMI > 25	
☐	C	Other Chronic Illness	

Risk Factors

Check all that apply

☐	Category	Detail
☐	Probable risk for adverse event e.g. death, disability, inpatient or nursing home	
☐	Lack of inadequate Social/family/housing support	
☐	Lack of or inadequate connectivity with healthcare system	
☐	Non-adherence to treatments or medications or difficulty managing medications	
☐	Recent release from incarceration	
☐	Recent release from psychiatric hospitalization	
☐	Deficits in activities of daily living such as dressing, eating, etc.	
☐	Learning or cognition issues	

Narrative: Provide any additional information that may be helpful in assignment to CMA:

Preferred or Recommended Care Management Agency:	
Contact Information for Person Completing Referral	
Name:	Title:
Organization:	
Phone:	E-Mail:

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By signing this Consent Form, you permit people involved in your care to share your health information so that your doctors and other providers can have a complete picture of your health and help you get better care. Your health records provide information about your illnesses, injuries, medicines and/or test results. Your records may include sensitive information, such as information about HIV status, mental health records, reproductive health records, drug and alcohol treatment, and genetic information.
If you permit disclosure, your health information will only be used to provide you with medical treatment and related health and social services. This includes referral from one provider to another, consultation, regarding care, provision of health care services, and coordination of care among providers. Your health information may be re-disclosed only as permitted by state and federal laws and regulations. These laws limit re-disclosure of information about your treatment at a substance abuse ofr mental health program, HIB related information, genetic records, and records of sexually transmitted illnesses.
Your choice to give or deny consent disclose your health information will not be the basis for denial of health services or health insurance. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to one of Venture Forthe's Health Home affiliates, or their affiliate providers. But anyone who receives information while your consent is in effect may retain it. Even if you withdraw your consent, they are not required to return your information or remove it from their records.
You are entitled to get a copy of this consent form after you sign it.

Consent to disclosure of health information:

1. The person whose information may be used or disclosed is:

Name:	DOB:

2. The information that may be disclosed includes all records of diagnosis and health care treatment and all education records including, but not limited to: Mental health records, except that disclosure of psychotherapy notes not permitted; Substance abuse treatment records; HIV related information; Genetic Information; Information about sexually transmitted diseases, and Education records.
3. This information may be disclosed the persons or organizations listed in Attachment A.
4. This information may be disclosed by any person or organization that holds a record described below; including those listed in Attachment A:
5. Use and disclosure of this information is permitted only as necessary for the purposes of the provision of delivery of health and social services, including outreach, service planning, referrals, care coordination, direct care, and monitoring of the quality of service.
6. This permission expires on:

Date:

7. I understand that permission may be revoked. I also understand that records disclosed before this permission is revoked may not be retrieved. Any person or organization that relied on this permission may continue to use or disclose health information as needed to complete treatment.

I am the person whose records will be used or disclosed, or that individual's personal representative:
(If personal representative, please enter relationship:

I give permission to use and disclose my records as described in this document:

Signature:	Date:

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CONSENT TO DISCLOSE HEALTH RECORDS – ATTACHMENT A
Venture Forthe Inc.; Care Management Agency

- ☐ Beacon Health Options
- ☐ BestSelf Health Home Services
- ☐ Buffalo Federation of Neighborhood Centers
- ☐ Buffalo Psychiatric Center
- ☐ Community Concern of Western New York
- ☐ Coordinated Care Services, Inc.
- ☐ Deaf Access Services, Inc.
- ☐ Evergreen Health Services
- ☐ Greater Buffalo United Accountable Healthcare Network (GBAUHN)
- ☐ Greater Rochester Health Home Network (GRHHN)
- ☐ Health Homes of Upstate New York (HHUNY)
- ☐ HealthNow New York, Inc./Amerigroup/BlueCross BlueShield of Western New York
- ☐ Hillside Family of Agencies
- ☐ Horizon Health Services, Inc.
- ☐ Independent Health Association, Inc.
- ☐ Jericho Road Community Health Center
- ☐ Monroe Plan for Medical Care
- ☐ New York Care Coordination Program, Inc.
- ☐ New York State Catholic Health Plan (DBA Fidelis Care New York)
- ☐ New York State Office of Mental Health
- ☐ New York State Office of Alcohol and Substance Abuse Services
- ☐ Niagara Falls Memorial Medical Center (NFMMC)
- ☐ Transitional Services, Inc.
- ☐ United Healthcare
- ☐ Venture Forthe, Inc.
- ☐ Western New York Independent Living, Inc.
- ☐ YourCare Health Plan

Please email completed referral to Care Management Supervisor Ashlyn Bach:

abach@ventureforthe.com