

## Information Sheet and Authorization

Welcome!

Your health care provider is participating in the Accountable Health Communities (AHC) program funded by the Centers for Medicare and Medicaid Services. This program can help connect you to services in your community that may improve your health.

By answering the following survey questions you may be helping researchers understand the needs of Oregon patients. You may also receive information about community agencies that provide services that could meet your own needs and may improve your health. Many of these services are low cost or free of charge. The information that you provide will not impact your Medicare or Medicaid eligibility status or negatively impact the service provided by your provider.

Below you will have the opportunity to review information on the project and then can choose to accept or decline to take the survey.

You've been invited to complete this questionnaire because you are a Medicare or Medicaid beneficiary receiving care at a participating site.

### Here is what is involved:

- Provide your information, such as name, date of birth, contact information, and Medicare or Medicaid ID number;
- Complete a questionnaire about circumstances that may affect your health. This takes about 5-10 minutes. You should answer the questions in your own way. There are no right or wrong answers.
- You may be offered a list of services in your community that may help address your needs.
- You also may be offered additional assistance by a "patient navigator" who works with patients to help them access services.

**Risks, Benefits, and Confidentiality:** You may benefit from being in this project through possibly receiving a resource list and assistance in accessing social services. You may choose not to complete this questionnaire or receive assistance.

Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality. Information you provide will be stored in a secure data system only accessible to those who are authorized, including other health care organizations (such as clinics, hospitals, coordinated care organizations and social service agencies) for the purposes of coordinating your care.

Health information is private and is protected under federal law and Oregon law. By agreeing to be in this study, you are giving permission (also called authorization) for us to use and disclose your health information as described in this form.

The investigators, study staff, and others at OHSU may use the information we collect and create about you in order to conduct and oversee this research study. These data will be stored indefinitely in a repository in order to conduct future research.

We may release this information to others who are involved in conducting or overseeing research, including: The Office for Human Research Protections, a federal agency that oversees research involving humans, the Centers for Medicare and Medicaid Services, and researchers studying data in the future from the repository. We will not release information about you to others not listed above, unless required or permitted by law. We will not use your name or your identity for publication or publicity purposes, unless we have your special permission. When we send information outside of OHSU research offices, it may no longer be protected under federal or Oregon law. In this case, your information could be used and re-released without your permission.

We may continue to use and disclose your information as described above indefinitely.

Some of the information collected and created in this study may be placed in your medical record. While the research is in progress, you may or may not have access to this information. After the study is complete, you will be able to access any study information that was added to your medical record. If you have questions about what study information you will be able to access, and when, ask the investigator.

**Questions:** This research is being overseen by an Institutional Review Board (“IRB”). You may talk to the IRB at (503) 494-7887 or [irb@ohsu.edu](mailto:irb@ohsu.edu) if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to the OHSU Integrity Hotline online at <https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html> or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

If you have any questions, concerns, or complaints regarding this study now or in the future, or you think you may have been injured or harmed by the study, contact Bruce Goldberg, the Principal Investigator for this program in Oregon at 503-494-0361.

You do not have to allow the use and disclosure of your health information in the study, but if you do not, you cannot be in the study. If you do join, and later change your mind, you may quit at any time. This includes the right to withdraw your authorization to use and disclose your health information. Talk to the investigator if you want to withdraw from the study. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled including being able to receive health care services or insurance coverage for services.

If you no longer want your health information to be used and disclosed as described in this form, you must send a written request or email stating that you are revoking your authorization to: Anne King, OHSU, L222, 3181 SW Sam Jackson Park Rd., Portland, OR 97239, [kinga@ohsu.edu](mailto:kinga@ohsu.edu). Your request will be effective as of the date we receive it. However, health information collected before your request is received may continue to be used and disclosed to the extent that we have already acted based on your authorization.

**Privacy Act Notice for the  
Accountable Health Communities (AHC) Model**

Privacy Act Notice – effective 4/5/2018

Your health care provider participates in the **Accountable Health Communities Model**, a program that connects you with community and social service programs in addition to the health services you get. This includes programs that can help with housing, food, violence intervention, or transportation.

We need to collect information about you to connect you with the right programs. Information we collect includes your name, Medicare and/or Medicaid identification numbers, and contact information.

**Sharing information is your choice**

Sharing your information is your choice, and won't affect the services you get from your health care provider. If you decide not to provide your information, your health care provider may not be able to connect you with community and social services through this program. Information you give will never be used for immigration enforcement.

**How your information is used**

Your health care provider will share your information with the Centers for Medicare & Medicaid Services (CMS), the agency that administers the Accountable Health Communities Model. CMS may need to share your information with others, including:

1. Other federal, state and local government agencies (such as the Department of Justice);
2. Your authorized representative, if you have one;
3. A person or company hired by CMS to do official work; and
4. Anyone else as required or allowed by law.

You can learn more about how CMS handles your information at: [www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html).

*CMS is authorized to collect your information under Section 3021 of the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152). The Privacy Act System of Records Notice associated with this collection is the Master Demonstration, Evaluation, and Research Studies (DERS) for the Office of Research, Development and Information (ORDI), CMS System No. 09-70-0591, as amended, 72 Federal Register, 19705, Apr. 19, 2007. This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)).*