

**APPENDIX I-1: HIPAA Authorization Forms**

Caregiver HIPAA Authorization for Medicaid Data Linkage.....I-1  
Legal Guardian HIPAA Authorization for Medicaid Data Linkage.....I-3

## **Caregiver HIPAA Authorization for Medicaid Data Linkage**

### **Authorization for Use or Disclosure (Release) Health Information National Survey of Child and Adolescent Well-Being (NSCAW)**

We would like to better understand the types of health care your child may receive. Linking interview data from you and your child to information on Medicaid services your child receives helps researchers have a complete picture of the services your child receives. Only NSCAW researchers at RTI International will have access to your child's health information.

If you agree to this request, you give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release your child's health information. This includes the release of your child's personal identifiable health information for research.

**The health information we may use or release for this research includes Medicaid services that the child may receive including:**

- Type of Inpatient or Outpatient Services
- Diagnoses
- Medications Prescribed
- Payments for Services or Medications

**My agreement authorizes the release of my child's health information to the following group:**

NSCAW researchers at RTI International, Research Triangle Park, NC.

The law requires DHHS and CMS to protect your child's health information. Your agreement to this request allows DHHS and CMS to use and/or release your child's health information for this research.

DHHS or CMS cannot withhold or refuse treatment, payment, or enrollment in a health plan. Agreeing to this request will not affect your eligibility for benefits.

Your child's information may be provided, as part of this research, to persons who may not be required by Federal privacy laws (such as HIPAA) to protect it and may further share your information with others without your permission, if permitted by laws governing them.

You may change your mind and cancel this agreement at any time. If you decide to withdraw your approval in the future, CMS and DHHS will not provide new health information to the research project. The health information already provided will continue to be part of the research process.

By answering "yes", you give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release your child's health information.

**1 = Yes**, I agree to give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

**2 = No**, I do not give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

You may download a copy of this request by visiting [www.NSCAW3.rti.org](http://www.NSCAW3.rti.org).

To withdraw your approval, you must contact:

RTI International

Attention: RTI Privacy Officer

3040 E. Cornwallis Road

P.O. Box 12194

Research Triangle Park, NC 27709-2194

(800) 334-8571 extension 22742

This agreement will expire at the end of this research study or when your child turns 18 and reaches the age of legal consent.

# Legal Guardian HIPAA Authorization for Medicaid Data Linkage

## Legal Guardian Authorization for Use or Disclosure of Health Information National Survey of Child and Adolescent Well-Being (NSCAW)

We would like to better understand the types of health care this child may receive. Linking the child's interview data to information on Medicaid services helps researchers have a more complete picture of the services the child receives. Only NSCAW researchers at RTI International will have access to your child's health information.

If you agree to this request, you give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release the child's health information. This includes the release of this child's personal identifiable health information for research.

**The health information we may use or release for this research includes Medicaid services that the child may receive including:**

- Type of Inpatient or Outpatient Services
- Diagnoses
- Medications Prescribed
- Payments for Services or Medications

**My agreement authorizes the release of this child's health information to the following group:**

NSCAW researchers at RTI International, Research Triangle Park, NC.

The law requires DHHS and CMS to protect the child's health information. Your agreement to this request allows DHHS and CMS to use and/or release this child's health information for this research.

DHHS or CMS cannot withhold or refuse treatment, payment or enrollment in a health plan. Your agreement to this request does not affect the child's eligibility for benefits.

The child's information may be provided, as part of this research, to persons who may not be required by Federal privacy laws (such as HIPAA) to protect it and may further share your information with others without your permission, if permitted by laws governing them.

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By answering "yes", you give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release your child's health information.

1 = **Yes**, I agree to give consent to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

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