

## AUTHORIZATION TO DISCLOSE INFORMATION TO THE WISCONSIN DEPARTMENT OF HEALTH SERVICES KATIE BECKETT MEDICAID INSTRUCTIONS

Wisconsin Medicaid needs your written or verbal authorization to access the information required to process your application for Medicaid Disability or Katie Beckett Medicaid. You can provide this authorization by signing the Authorization to Disclose Information to the Wisconsin Department of Health Services Katie Beckett Medicaid form, F-03096. Katie Beckett Medicaid can use one copy of this form to contact many providers. Some individual sources of information may require a separate signed authorization to release new information after you receive treatment. In that case, we may contact you to sign multiple authorizations. **You have the right to revoke this authorization at any time.**

To revoke your authorization for your providers to share your information with Katie Beckett Medicaid, you may make a written request to your county social or human services department, to Katie Beckett Medicaid, or directly to the Wisconsin Department of Health Services (DHS) at the following address:

Attn: Katie Beckett Medicaid  
Department of Health Services  
PO Box 7886  
Madison WI 53707-7886

If you choose to revoke this authorization, you should also send a copy of your request to each provider or source, letting them know that you no longer wish them to share your information with Katie Beckett Medicaid.

Note: Revoking your authorization for sources to share information with Katie Beckett Medicaid may result in disenrollment from the program.

### **IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE FEDERAL PRIVACY ACT OF 1974**

All personal information collected by DHS is protected by the Federal Privacy Act of 1974. Once medical information is disclosed to DHS, it is no longer protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) health information privacy provisions (45 C.F.R. Part 164). DHS retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 C.F.R. Part 1228.

Children under the age of 18 have the right to determine whether certain records can be released. For children 12 years of age and older, refer to Wis. Stat. §§ 51.30(5)(a); 51.47; Wis. Admin. Code §§ DHS 92.06 and 92.06(2); 42 C.F.R. § 2.14; and 45 C.F.R. § 164.502(g)(5) to determine whether their signature is required on the Authorization to Disclose Information to the Wisconsin Department of Health Services Katie Beckett Medicaid form, F-03096, or the Authorization to Disclose Information to the Wisconsin Department of Health Services Katie Beckett Medicaid: Clinic-Specific form, F-03096B. For children 14 years of age and older, refer to Wis. Stat. §§ 51.14; 51.30(4)(b) (20); 51.30(5)(a) and (b); and 51.61(6).

DHS will use the information obtained with this form to determine your eligibility for benefits and your ability to manage any benefits received. This use usually includes review of the information by DHS staff in processing your case. In some cases, your information may also be reviewed by DHS staff that process your appeal of a decision or by investigators to resolve allegations of fraud or abuse. Your information may also be used in any related administrative, civil, or criminal proceedings.

**Signing this form is voluntary, but failing to sign it or revoking it before DHS receives necessary information could prevent an accurate or timely decision on your claim and could result in denial or loss of benefits.**

The information DHS obtains with this form may be disclosed by DHS without your consent if authorized by federal laws such as the Privacy Act and the Social Security Act. For example, DHS may disclose the information:

1. To enable a third party (for example, consulting physicians) or other government agency to assist DHS to establish rights to Social Security benefits and/or Medicaid coverage.
2. To comply with state and local laws requiring the release of information in situations of suspected child or elder abuse. DHS may also use the information you give when DHS matches records by computer. Matching programs compare DHS records with those of other federal, state, or local government agencies. Many agencies use matching programs

to find or prove that a person qualifies for benefits paid by the government. The law allows DHS to do this even if you do not agree to it.

If you need assistance in completing this authorization or if you have questions about the authorization, contact your Katie Beckett Medicaid Eligibility Specialist or Katie Beckett Central Intake at 888-786-3246.