

## CHECKLIST FOR THE FOR THE MENTAL/PHYSICAL REFERRAL/AUTHORIZATION FORM

*The Notice of Referral/Authorization for Release of Information form exists to enhance communication of vital information between mental and physical health care providers via a legal release of information signed by the patient, parent or legal guardian.*

- 1. Member information complete?**  
Listed patient name, DMAP number as it appears on the Oregon Health Plan card, phone number with area code, and name of the parent or guardian when appropriate
- 2. Referral source information complete?**  
Listed the full name of the physical health provider, phone number, fax number, and a check in a box that identifies whether the referral source is a primary care provider or a community mental health provider
- 3. Box checked to identify the type of service requested?** (i.e. mental or physical)
- 4. Chief complaint or reason for referral**  
Documented by briefly listing symptoms such as “depressed, hyperactive, psychotic or acts out in school.”
- 5. Current prescriptions** (by any provider), over the counter medications, herbs or other alternative treatment methods are specifically listed?
- 6. Referral section is signed and dated by the referring provider?**
- 7. Referral discussed with the patient ?**  
Patient must agree to cooperate with the referral?
- 8. Referred patient *initialed* the boxes of specific areas of the record they are willing to share with the provider?**
- 9. Referred patient signs and dates the authorization for exchange of information?** The patient may also use words or dates to specify sections of the record they wish to share.
- 10. PCP or staff phones and schedules a screening?** (If the Patient is willing)
- 11. Appointment date and time recorded at the bottom of the form?**
- 12. “Notice of Referral/Authorization for Release of Information” faxed?**
- 13. The original form is secured in the patient’s chart?**
- 14. The patient received a copy of the referral form?**
- 15. A patient’s decline for referral or release of info is documented on the form or in a provider’s note and filed in the medical record?**

Unless the information exchange is vital to the life and well-being of the consumer, information is not exchanged without some type of approved authorization for release of information being signed by the consumer.

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