

Medical Case Management: Referral Form

Please fax this page along with a signed Release of Information form specific to your medical facility to HEP at (206)299-0855. One of HEP's medical Care Coordinator will reach out to the patient as soon as possible. **Patients are also always welcome to self-refer.** If you have any questions, please call one of our medical case managers at (206)-732-0311 or email Reina at R.Davis@hepeducation.org. Thank you for the referral!

Cover Page

Referring Provider: _____

Phone: _____

Fax: _____

Notes for Case Manager from Referring Provider: _____

Care Coordination Referral Form

Section One: Patient Information

Name _____

Date of Birth: Mo. Day Yr.

Name Client Goes by: _____

Gender: Female
 Male
 Transgender Female
 Transgender Male
 Non-binary
 Prefer not to answer
 Don't Know

Alias/FKA: _____

Primary Language: _____

What is the best way to reach you?

Phone: _____

Okay to leave voicemail? Yes/No

Text: _____

Email: _____

- Mailing Address: _____
- Alternate Contact: _____ (friend, case manager, family member)

Are you currently homeless and/or unstable housed? Yes No

On an average day, where do you spend your time?

Examples may include: day center, shelter, encampment, neighborhood.

Do you have a case manager, front desk staff or caregiver you work with frequently? _____

Name: _____ Agency: _____

Contact Info: _____

Treatment & Supportive Services

Are you currently engaged in mental health, substance use, or case management services with a particular agency?

Examples may include Sound, DESC (SAGE, HOST, SHARP, or other program), REACH, Valley Cities, etc.)

If yes, what kind? Examples may include mental health counseling, methadone, Suboxone, substance use counseling (IOP, outpatient, group)

Medical Providers

Do you currently have or have you ever had a primary care doctor or nurse?

Do you currently have a psychiatrist or therapist you see for medication management or counseling?

******If you would like us to be able to coordinate your care with a provider at this agency, please provide their**

information above and sign release of information giving us permission on the next page

HEPATITIS EDUCATION PROJECT AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

TO: Hepatitis Education Project
1621 S Jackson St. #201
Seattle, WA 98144

RE: Patient Name: _____
Date of Birth: _____ Social Security Number: _____

I. Information About the Disclosure of My Protected Health Information

As the person who is the subject of protected health information I, _____, request and authorize the Hepatitis Education Project to disclose my protected health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information. Unless revoked earlier, this authorization will remain valid for six years from the last date on which your Protected Health Information is disclosed hereunder.

Protected Health Information to be disclosed (including date(s) of relevant treatment): _____

Purpose of disclosure of my Protected Health Information: _____

Persons/Organizations or Categories of Persons/Organizations authorized to receive my Protected Health Information:

II. Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- This authorization is voluntary, I am not required to sign this form, and I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for any benefits or enrollment, treatment, or payment for or coverage of services.
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party, but any obligations related to or liability for violations of such assurances will remain the sole responsibility of the above-named persons/organizations providing such assurances.
- A copy, facsimile, or electronically transmitted version of this signed Authorization may be treated as valid for all purposes related to this form.

III. Signature of Participant or Participant's Representative

Signature of Patient or Participant's representative
(Form MUST be completed before signing.)

Date





Printed name of Participant's personal representative: _____

Relationship to the Participant, including authority for status as representative: _____

HEPATITIS C | THE BASICS



WHAT IS HEPATITIS C (HCV)?

Hepatitis C, also called “HCV,” is a virus  that can hurt your liver.  It is spread through infected blood.  Most people do not have symptoms from HCV right away, but over time HCV can cause severe liver damage called cirrhosis. Many people have HCV and there are medications  that almost always cure the infection.

HOW DO I GET HEPATITIS C (HCV)?

You can get HCV when the blood of someone who has HCV gets into your body through an open cut or sore.

✘ **Most common ways to get hepatitis C (HCV):**



Sharing needles, cookers, cottons, water and other injection drug equipment. Boiling, burning, or rinsing needles with water or bleach does NOT fully protect against HCV transmission!



Sharing tattoo needles, tattoo ink, tattoo ink pots, tattoo guns, or piercing equipment.



Blood transfusions that occurred before 1992.

⊘ **Other ways to get hepatitis C (HCV):**



Sharing straws or bills for snorting drugs



Sharing hygiene equipment such as razors, toothbrushes, and nail clippers



Getting into fights



Unsafe, unprotected, or rough sexual activity especially if blood is present or if one partner has HIV



Blood spills that are not well cleaned

It is **NOT possible** to get hepatitis C (HCV) by:



Casual contact such as hugging, kissing, or sharing food or drinks



Simply living with others



Eating or drinking with someone with HCV









Sharing a toilet or shower



Playing sports or working out at the gym

WHAT HEPATITIS SERVICES ARE PROVIDED IN MY COMMUNITY?

Remember, every state is different, meaning some services may not be available. Ask your doctor about what's available and follow up regularly.

-  **Hepatitis C is curable:** HCV is treatable, and it is curable for most people. Since 2013, many new medications have been released to treat HCV. Treatment can be complicated, and your doctor will help you decide which treatment is right for you.
-  **Hepatitis C testing:** There are two parts to HCV testing: an antibody test is usually done first and can detect exposure to the virus. The second test is a viral load test, and it confirms whether you have a current HCV infection.
-  **Monitoring your liver:** Doctors can monitor your liver's health. Some tests include lab work to determine liver function, measuring the elasticity of your liver, liver biopsy, and others. Ask your doctor which tests are right for you.
-  **Vaccines for hepatitis A and B:** Getting vaccinated prevents you from getting a virus even if you are exposed. You can't be vaccinated for hepatitis C, but you can be vaccinated for hepatitis A and hepatitis B. For people with hepatitis C, it's very important to be vaccinated for hepatitis A and B.
-  **How to get treated for HCV:** There may be limitations on who is eligible for treatment in your area. Doctors will consider many factors, including your current liver health, which type of Hepatitis C you have, your medical history, and in some states, your insurance, before prescribing treatment.
-  **If you get cured:** Even if your HCV infection is cured, it is possible to get re-infected. Stay safe and healthy even after treatment.

IF YOU'VE BEEN TOLD THAT YOU'RE NOT ELIGIBLE FOR TREATMENT OR YOU MUST WAIT:

Ask questions so you know why it is being delayed or denied. Continue to see your doctor regularly to stay healthy, monitor your liver, catch any problems early, and prepare for treatment in the future. If insurance is the reason, consider enrolling in patient assistance programs offered by drug companies or ask about clinical trials.

How to stay as healthy as possible and protect your liver:

Things you should do:

- ✓ See your doctor often
- ✓ Eat well and exercise when possible
- ✓ Learn as much as you can about HCV

Things you should avoid:

- ✗ Alcoholic beverages (beer, wine, liquor)
- ✗ Unnecessary stress
- ✗ Over-the-counter drugs with acetaminophen (Tylenol)

While it may be frustrating to wait for treatment, know that many people live with hepatitis C for years without problems. Ask your doctor or someone you trust for more information. You may also write to or call the Hepatitis Education Project at the address below and ask questions.



BE SAFE. BE HEALTHY. LEARN AS MUCH AS YOU CAN ABOUT HEPATITIS C.