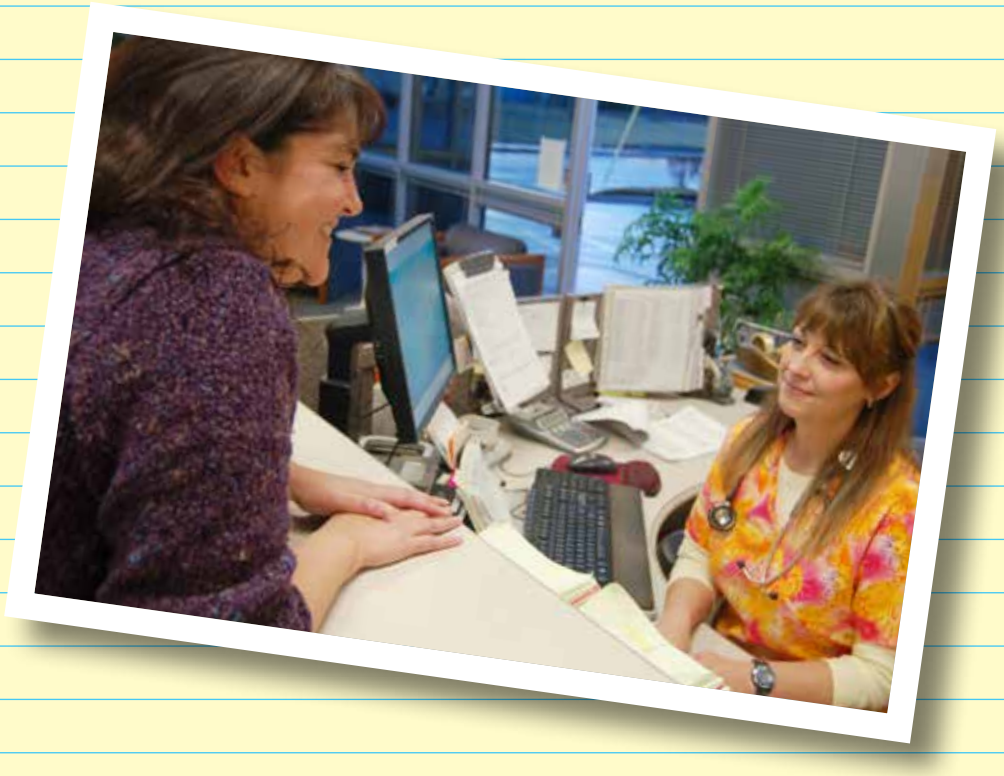
Paperwork at the Sign-in Desk

Moving from Pediatric to Adult Health Care

Lesson Plan



healthy transitions

HealthyTransitionsNY.org

Learning Objectives:

- Know that patients are routinely asked to sign "HIPAA" and "Consent to Treat" forms when they sign in for a medical appointment.
- Know that beginning at age 18, all patients are expected to sign and date their own forms, unless guardianship is established.
- Understand that signing the HIPAA Form gives the doctor permission to share health information with people listed on that form. Be comfortable asking how to add people to the HIPAA form.
- Practice signing & dating the "HIPAA" and "Consent to Treat" forms.
- Make it a habit to carry an insurance card. Know that the insurance card should be brought to all medical appointments.

You Will Need:

- ❑ Clipboard and pen or pencil
- ❑ Individual copies of sample "HIPAA" and "Consent to Treat" Forms and sample insurance card. Also, individual copies of role play scripts (print the blank forms at the end of this unit)
- ❑ White board, blackboard, or poster for KWL chart & mind map
- ❑ Computer or DVD Player for videos. (Download at www.HealthyTransitionsNY.org)

About the Healthy Transitions Lesson Plans

The Healthy Transitions lesson plans are designed for group sessions with an instructor and 5-15 young adults with developmental disabilities. Each module can be completed during an hour-long session that includes time for breaks and informal discussion. Units can be presented as a stand-alone activity, or as a 6-part curriculum. The goal is to foster self- determination and the active involvement of young adults with developmental disabilities in their own health care.

The lesson plans are organized around modeling and role-play for 6 key interactions relevant to successful navigation of the health care system:

Office Secretary	>	Scheduling an Appointment
Transportation Provider	>	Scheduling Transportation
Office Receptionist	>	Paperwork at the Sign in Desk
Physician or Nurse	>	Speaking up at the Doctor's Office
Pharmacist	>	Calling in a Prescription Refill
Service Coordinator	>	Setting Health Goals

The lesson plans focus on encounters with ***people*** in the health care system. This format was developed with input from young adults with developmental disabilities. Our focus groups revealed that young adults with developmental disabilities experience health care in terms of buildings (hospital, offices) and episodes (emergencies), rather than relationships and interactions. The Healthy Transitions lesson plans build skills that youths can use to partner more effectively with their health care team.

Modeling, role-play, and active participation are key components of each lesson plan. Lesson plans also include chant, rap and cheers to foster a positive learning environment. Each module begins with an informal assessment of the participants' strengths, knowledge, experiences, and learning styles. Skills can be developed across a wide range of individual ability levels by mixing and matching activities as appropriate for each group.

The Healthy Transitions lesson plans were developed by Patricia Slaski, MEd, a teacher with more than 33 years of experience in the field of special education. Pat is also the mother of an adult daughter, Darcy, who has multiple disabilities. The modules were designed with input from youths, parents, health care providers, service coordinators, and educators with funding support from the NYS Developmental Disabilities Planning Council, the NYS Department of Health, Burton Blatt Institute at Syracuse University, and the Golisano Children's Hospital at SUNY Upstate Medical University in Syracuse, New York. The Healthy Transitions project also features a ten-part series about health care transition for professionals and parents. Please visit us on the Internet at www.HealthyTransitionsNY.org for more information.

The suggested sequence of skill building activities is:

1. **KWL chart:** This chart is used at the beginning and at the end of each session. It summarizes current knowledge about a topic—what participants want to know—and, at the end of each session—what was learned.

2. **Video:** The group views several brief 2-3 minute video vignettes. These videos feature actors who are young adults with developmental disabilities demonstrating etiquette and skills relevant to various health related skills. The videos can be viewed and downloaded from www.HealthyTransitionsNY.org.

3. **Mind Map:** After viewing each video, a mind map is generated as a group activity to summarize concepts and ideas learned.

4. **Confidence meter:** This is an individual self-rating measure to create awareness about the participant's comfort, attitude, and familiarity with a specific health care interaction. The confidence meter is used before and after the role-play activity to track progress.

5. **Role-play:** Participants break into small groups for role-play practice. A sample form can be used as a script. Each participant can also customize a blank role-play template.

6. **KWL chart:** This chart is used at the end of each session, to summarize what was learned. Items listed in the "What I Learned" column can be used on the certificate to document achievement at a wide range of individual ability levels.

7. **Rap, Chant, Group Energizer:** These activities are "group energizers" that can be used to engage participants at anytime during the lesson plan. These may be particularly relevant to auditory or tactile learners or participants who are unable to engage in structured role-play

8. **Certificate:** Items listed in the "What I Learned" column can be used on the certificate to document achievement at a wide range of individual ability levels. Self-score on the confidence meter is used to embellish the "seal" on the certificate of achievement for each module.

Note from Pat: *Please contact us at www.HealthyTransitionsNY.org if you have any questions or suggestions for improving the curriculum.*
We welcome feedback!

Sincerely,
Pat Slaski

Sample

KWL Chart

Topic: Paperwork at the Sign In Desk

What I Know	What I Want to Know	What I Learned
You sign in when you get to the office	What are the forms that you have to sign?	Bring your insurance card
		The "HIPAA" form gives permission to share information
	Who is supposed to sign the forms?	
		The "Consent to Treat" from gives permission for medical care
		You can add people to the HIPAA form so that the doctor has permission to speak to them about your health care
		You sign the forms when you are 18

How to use the KWL Chart: The first two columns are filled in at the beginning of a unit to find out what learners already know about a topic, and what they want to know. The last column is filled in at the end of a unit. It can be used to identify mastery of a topic at a wide range of individual skill and ability levels.

Video Guide:
Paperwork at the Sign In Desk

This vignette provides the viewer with information about paperwork that is exchanged when signing in for a medical appointment. The concepts of Consent to Diagnose and Treat, the HIPAA Law, and Health Guardianship are presented. An individual with a disability and her mother walk the viewers through the process.

1. **A doctor's appointment starts with introductions.** A receptionist should greet patients when they arrive for a medical appointment. The receptionist should greet all members of the party.

2. **The Consent to Diagnose and Treat Form** gives the medical staff at the office permission to examine the patient, make a diagnosis and treat that diagnosis. If the patient is not old enough to sign for him or herself, then a parent or legal guardian can sign for him or her. Not just any adult is able to sign this form. It must be a parent, guardian or someone legally designated to give permission. The patient or the parent will be asked to sign this form, date it, and state what relationship the person signing has to the patient. If the person with a disability is older than 18 years but is unable to sign for him or herself, a parent can only legally sign if he or she is that person's legal guardian or health guardian.

3. **The next form is a HIPAA Form.** HIPAA stands for Health Insurance Portability and Accountability Act. The form is designed to protect the patient, and allows the patient to designate who can have access to his or her medical information. Typically a patient allows the doctor's office to share information with the patient's insurance company. Only those people or organizations designated on the form can have knowledge about the patient's diagnosis and treatment. A patient's parents cannot assume that once the child turns eighteen they will automatically have control over decisions regarding health care. Even parents can be excluded from access if they are not designated on the HIPAA form. This is confusing to many parents. If the child is unable to make decisions for him or herself, the parent needs to petition the court for full guardianship or for health guardianship. See unit on "Deciding about Guardianship."

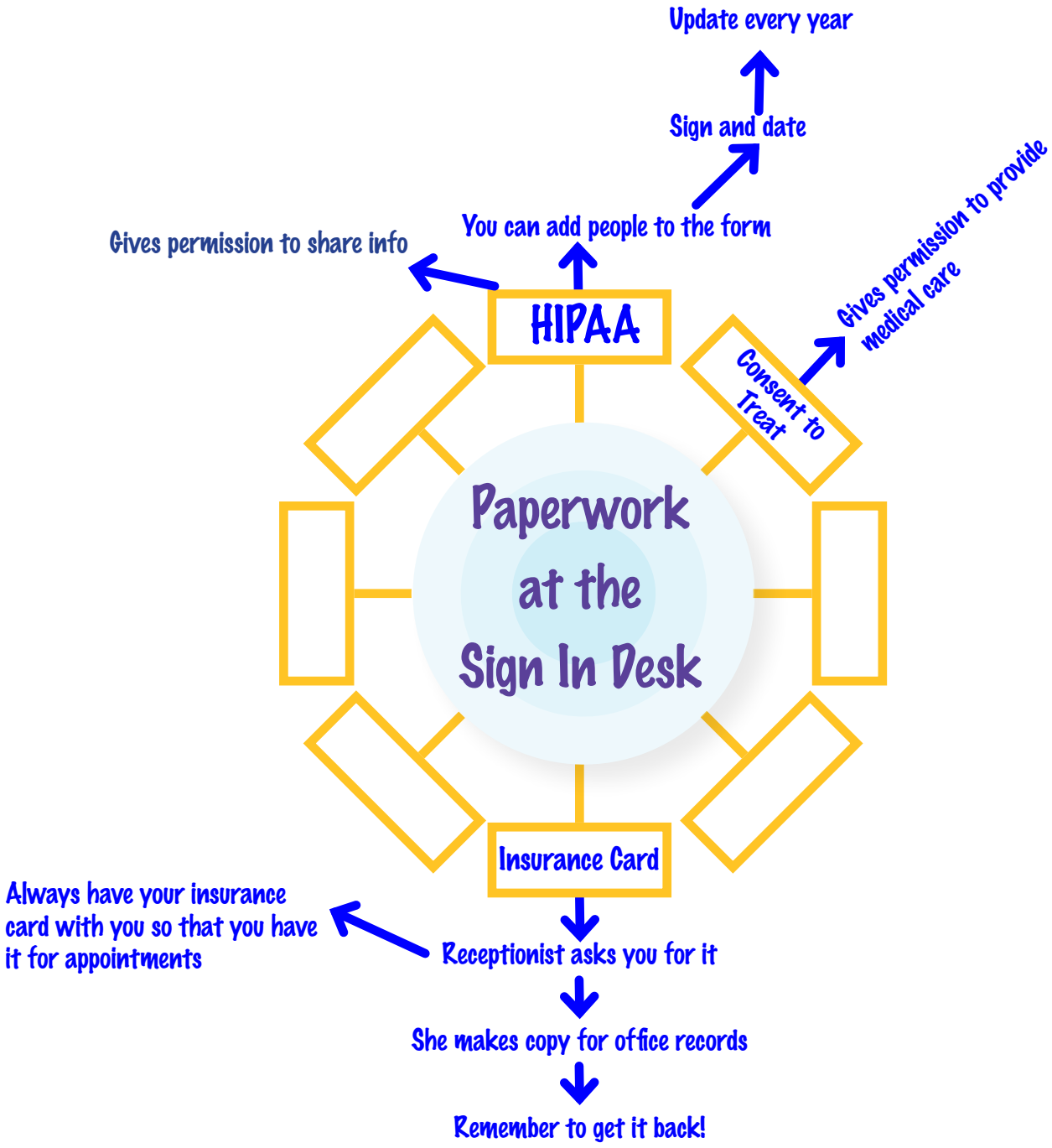
4. **The doctor's office will want to make a copy of the patient's current insurance card.** It is important to bring insurance cards, legal guardian papers, or health care proxy to all medical appointments.

Questions for Group Discussion

- **Name two forms that patients are given when they sign in for a doctor's visit.**
- **Does anyone have their insurance card with them today?**
- **Have you ever signed paperwork at your doctor's office?**

Download this video by selecting the "VIDEOS" tab on our home page at www.HealthyTransitionsNY.org
To download a moderator guide for all of the videos, click the "SKILLS" tab.

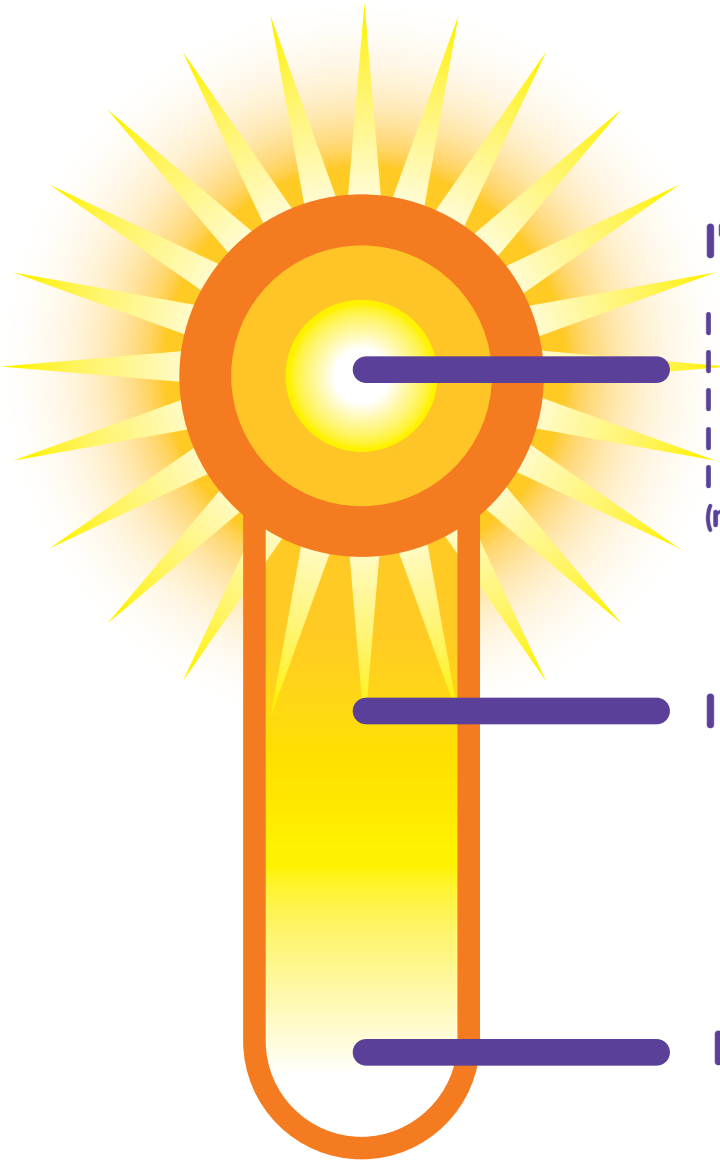
Sample Mind Map



How to use the Mind Map

This chart can be used in individual or group settings to break down the information that was presented in the video vignette. Enter the video title in the center area and related topics in the surrounding boxes. Draw lines to make connections between related topics. Additional ideas may be added by drawing separate lines outward. Color and pictures may be used to enhance information. "Post-it" notes can also be used. These can be arranged by the group on a table or a white board.

Confidence Meter



I'm Ready to Speak Up for Myself!

I Make Eye Contact
I Shake Hands
I Introduce the Persons with Me
I Talk Directly to Person
I Speak Clearly Using a Moderate Voice Tone
(not too loud or too soft)

I Now Know What I Want to Say

I Am Unsure of Myself

How to use the Confidence Meter: Participants are asked to rate how confident they are about interacting with various health care professionals. The confidence meter focuses attention on their socials skills and language pragmatics. It can be used to generate discussion about the importance of active participation in one's own health care.

Role Play Example: Paperwork at the Sign In Desk

1. Sample "HIPAA" and the "Consent to Treat" forms are placed on a clipboard and given to the individual who plays the role of the office receptionist. The sample insurance card is given to the individual who plays the role of the patient.
2. Using the following script, practice the back and forth exchange that occurs when signing in for a medical appointment. Practice signing and dating the forms. Reverse roles and repeat.

You Will Need:

- ❑ Clip board
- ❑ "HIPAA" form
- ❑ "Consent to Treat" form
- ❑ Insurance card
- ❑ Pen or pencil

YOU

Hello, my name is: (say your name)
I have an appointment at (say time of your appointment)
I am here to see (say name of your doctor)

Office Receptionist

Ok, let's take care of some paperwork:
Signing the "Consent to Treat" form gives us permission to provide medical care. The "HIPAA" form gives us permission to share your health information with the insurance company and with any other people that you list on the form.

YOU

(Give receptionist your insurance card)
I would like to list someone on my HIPAA form.
Where do I add that information?

Office Receptionist

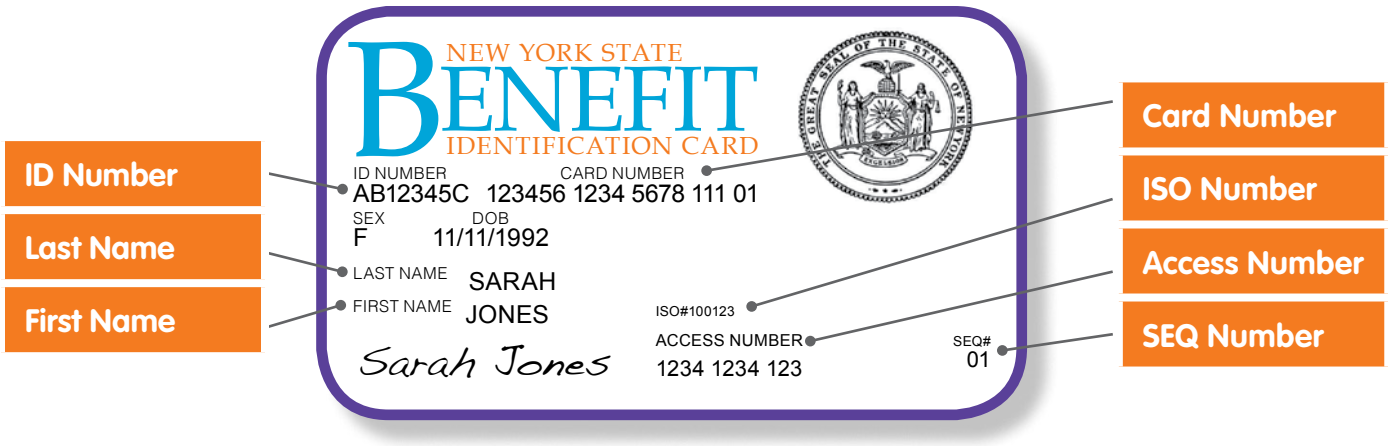
You can list people in this section.
(Receptionist indicates section on the HIPAA form)
Signing the form gives us permission to share your health information with anyone who is listed in this section.
(Receptionist copies insurance card for office records)

YOU

Thank you!
(Remember to sign and date the forms. Be sure the receptionist remembers to return your insurance card!)

How to use the Role-Play Template: Use this template as a script with 2 or more individuals, or use the blank template to customize scenarios. The insurance card and a clip board with the "HIPAA" and "Consent to Treat" forms are used as props. Have individuals practice signing the forms. Reverse roles and repeat. Use the "confidence meter" before and after each role-play session to track progress.

Benefit Card



How to use the Benefit Card Use this sample New York State Benefit card to become familiar with the information that is included on an Insurance card. You can also use it as a prop during role play when you practice signing in at the doctor's office. There is an unlabeled card at the end of the chapter. Circle the ID number and the card number. Try to find this information on your own insurance card.

HIPAA Form

New York State Department of Health HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV* Related Information

Patient Name: _____
DOB: _____
Telephone Number: _____

(This form has been approved by the New York State Department of Health)

Patient Address: _____

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV*RELATED INFORMATION only if I place my initials on the appropriate line in item 8. In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8, I specifically authorize release of such information to the person(s) indicated in Item 7.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493. This agency is responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditions upon my authorization of this disclosure.
5. Information disclosed under this authorization might be disclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. Name and address of health provider or entity to release this information:

7. Name and address of person(s) to whom this information will be disclosed:
   a) _____
   b) _____
   c) _____

8. Specific information to be disclosed:
   ☐ Oral disclosure of medical information from (insert date) _____ to (insert date) _____.
   ☐ Complete copy of Medical Record **OR** check all that apply:
   ☐ discharge summaries ☐ office notes (except psychotherapy notes) ☐ test results ☐ radiology reports ☐ x-ray films
   ☐ billing records ☐ Other: _____
   Copies of Medical Record for Dates of Service From: (insert date) _____ to (insert date) _____
   Include: *(Indicate by Initialing)* _____ **Alcohol/Drug Treatment**
   _____ **Mental Health Information** _____ **HIV Related Information**

9. Reason for release of information:
   ☐ At request of individual
   ☐ Other: _____

10. This authorization will expire upon:
    ☐ Revocation
    ☐ Date/Event: _____
    ☐ One Time Release

11. If not the patient, name of person signing form:

12. Authority to sign on behalf of patient:

All items on this form have been completed, and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____
Signature of patient or representative authorized by law

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Your name

Your date of birth

Your phone #

Your address

Who will give out your information

Who will get your information

Decide how your health information can be shared. The providers can talk with each other OR they can share copies of your entire medical record, or parts of your record (you decide)

Initial here if it is OK with you to share information about alcohol/drug treatment, mental health care and/or HIV related information

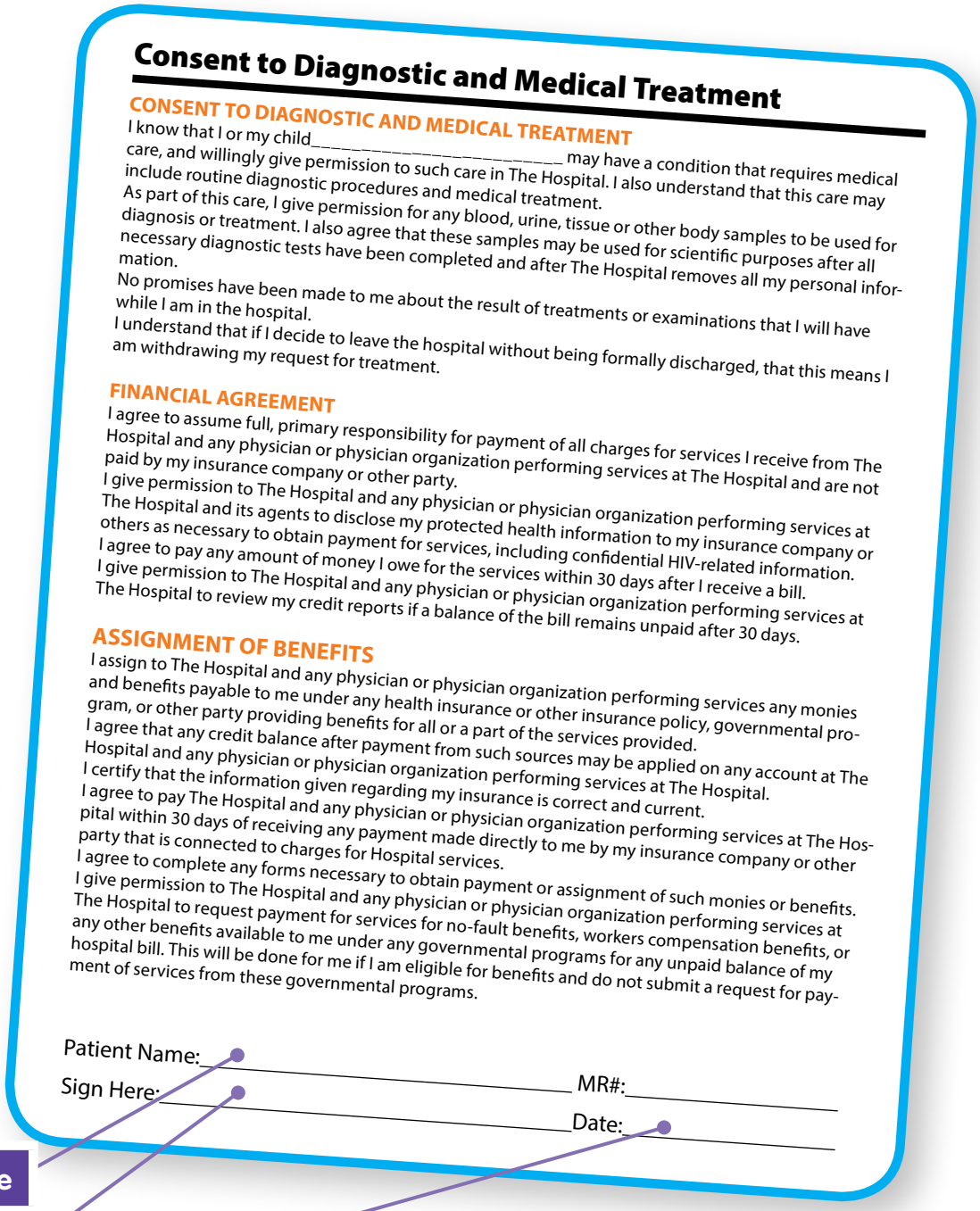
Give reason for sharing information, decide and indicate here how long information can be shared

If you have a health guardian he/she signs here

Today's date

Sign your name here!

Consent to Treat Form



Consent to Diagnostic and Medical Treatment

CONSENT TO DIAGNOSTIC AND MEDICAL TREATMENT

I know that I or my child_____ may have a condition that requires medical care, and willingly give permission to such care in The Hospital. I also understand that this care may include routine diagnostic procedures and medical treatment.

As part of this care, I give permission for any blood, urine, tissue or other body samples to be used for diagnosis or treatment. I also agree that these samples may be used for scientific purposes after all necessary diagnostic tests have been completed and after The Hospital removes all my personal information.

No promises have been made to me about the result of treatments or examinations that I will have while I am in the hospital.

I understand that if I decide to leave the hospital without being formally discharged, that this means I am withdrawing my request for treatment.

FINANCIAL AGREEMENT

I agree to assume full, primary responsibility for payment of all charges for services I receive from The Hospital and any physician or physician organization performing services at The Hospital and are not paid by my insurance company or other party.

I give permission to The Hospital and any physician or physician organization performing services at The Hospital and its agents to disclose my protected health information to my insurance company or others as necessary to obtain payment for services, including confidential HIV-related information.

I agree to pay any amount of money I owe for the services within 30 days after I receive a bill.

I give permission to The Hospital and any physician or physician organization performing services at The Hospital to review my credit reports if a balance of the bill remains unpaid after 30 days.

ASSIGNMENT OF BENEFITS

I assign to The Hospital and any physician or physician organization performing services any monies and benefits payable to me under any health insurance or other insurance policy, governmental program, or other party providing benefits for all or a part of the services provided.

I agree that any credit balance after payment from such sources may be applied on any account at The Hospital and any physician or physician organization performing services at The Hospital.

I certify that the information given regarding my insurance is correct and current.

I agree to pay The Hospital and any physician or physician organization performing services at The Hospital within 30 days of receiving any payment made directly to me by my insurance company or other party that is connected to charges for Hospital services.

I agree to complete any forms necessary to obtain payment or assignment of such monies or benefits.

I give permission to The Hospital and any physician or physician organization performing services at The Hospital to request payment for services for no-fault benefits, workers compensation benefits, or any other benefits available to me under any governmental programs for any unpaid balance of my hospital bill. This will be done for me if I am eligible for benefits and do not submit a request for payment of services from these governmental programs.

Patient Name:_____ MR#:_____

Sign Here:_____ Date:_____

Print patient name

Sign here!

Today's date

How to use the forms

Practice signing and dating the HIPAA and Consent to Treat forms.

RAP

Paperwork is easy, it's not always like a test
Just know what's coming, what to do & the rest
Like HIPAA, Consent to Treat, and Insurance Card
Forms to sign and date, its not really all so hard

Start with "hello" and saying who you are
Then name your doctor & your appointment hour

Consent to Treat is permission to give care
HIPAA is permission for information to be shared
Insurance card is asked for, so bring it along
And that's all you need, it's as easy as this song!

Now I'm the Master
Using my Skills as a Rapper!

How to Use Rap

Rapping helps auditory learners to become familiar with new vocabulary. Rapping is just a matter of matching the beat with the rhythm of the words. Each beat accents a different syllable. Participants may pick a favorite song or use the sample and create their own beat. After listening to the words, participants clap along to the beat, and start "rapping" with the song.

Chant

Hands up // (silent beats)
For Health // (silent beats)
Gonna' name (clap, clap)
Some SCHEDULING SKILLS (clap, clap)
One apiece (clap, clap)
No repeats (clap, clap)
No hesitation (clap, clap)
No duplication (clap, clap)
Starting with (clap, clap)

Named participant responds with a word or idea about the topic.
It's okay for a participant to pass if they so choose.

How to Use the Chant
Participants are seated in a circle. The instructor names a skill topic and demonstrates singing and clapping of the chant. Participants are encouraged to join in with the singing and clapping. As their name is called participants state words or ideas that fit with the topic. Naming moves one-by-one around the circle. Participants may "pass" if they prefer. Process continues until everyone has had an opportunity.

Group Energizers

How to use the Group Energizers

For a job well done, participants select a cheer to celebrate hard work and success! Group energizers can be used at the end of a unit, when discussing the "What I Learned" list on the KWL chart, or at any time throughout the session to promote active participation.

KWL Chart

Topic:

What I Know	What I Want to Know	What I Learned

How to use the KWL Chart: The first two columns are filled in at the beginning of a unit to find out what learners already know about a topic, and what they want to know. The last column is filled in at the end of a unit. It can be used to identify mastery of a topic at a wide range of individual skill and ability levels.

COPY AND DISTRIBUTE

Role Play-Now You Try! Paperwork at the Sign-in Desk

1. Sample "HIPAA" and the "Consent to Treat" forms are placed on a clipboard and given to the individual who plays the role of the office receptionist. The sample insurance card is given to the individual who plays the role of the patient.

2. Using the following script, practice the back and forth exchange that occurs when signing in for a medical appointment. Practice signing and dating the forms. Reverse roles and repeat.

You Will Need:

- ❑ Clip board
- ❑ "HIPAA" form
- ❑ "Consent to Treat" form
- ❑ Insurance card
- ❑ Pen or pencil

YOU

Office Receptionist

YOU

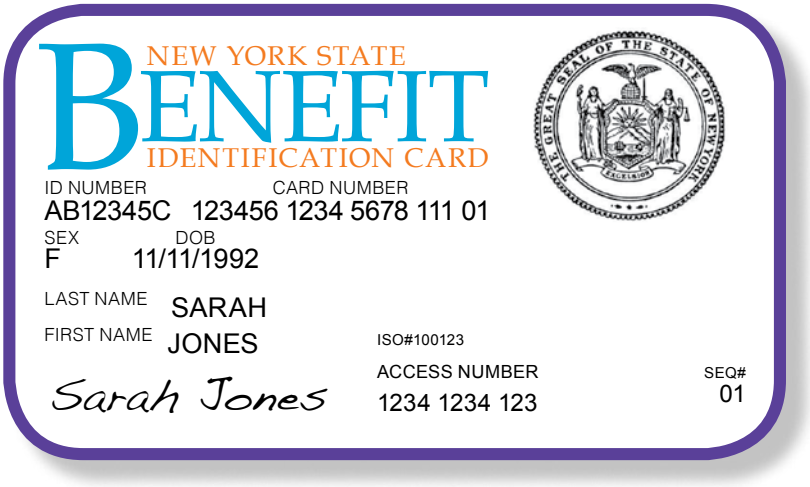
Office Receptionist

YOU

Make sure you sign and date all the forms

COPY AND DISTRIBUTE

Benefit Card



How to use the Benefit Card

Circle the ID number and the card number. Try to find this information on your own insurance card.

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2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493. This agency is responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditions upon my authorization of this disclosure.
5. Information disclosed under this authorization might be disclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. Name and address of health provider or entity to release this information:

7. Name and address of person(s) to whom this information will be disclosed:
   a) _____
   b) _____
   c) _____

8. Specific information to be disclosed:
   ☐ Oral disclosure of medical information from (insert date) _____ to (insert date) _____.
   ☐ Complete copy of Medical Record **OR** check all that apply:
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   _____ **Mental Health Information** _____ **HIV-Related Information**

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   ☐ At request of individual
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10. This authorization will expire upon:
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    ☐ Date/Event: _____
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11. If not the patient, name of person signing form:

12. Authority to sign on behalf of patient:

All items on this form have been completed, and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____
Signature of patient or representative authorized by law

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

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Consent to Treat Form

Consent to Diagnostic and Medical Treatment

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I understand that if I decide to leave the hospital without being formally discharged, that this means I am withdrawing my request for treatment.

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I certify that the information given regarding my insurance is correct and current.

I agree to pay The Hospital and any physician or physician organization performing services at The Hospital within 30 days of receiving any payment made directly to me by my insurance company or other party that is connected to charges for Hospital services.

I agree to complete any forms necessary to obtain payment or assignment of such monies or benefits.

I give permission to The Hospital and any physician or physician organization performing services at The Hospital to request payment for services for no-fault benefits, workers compensation benefits, or any other benefits available to me under any governmental programs for any unpaid balance of my hospital bill. This will be done for me if I am eligible for benefits and do not submit a request for payment of services from these governmental programs.

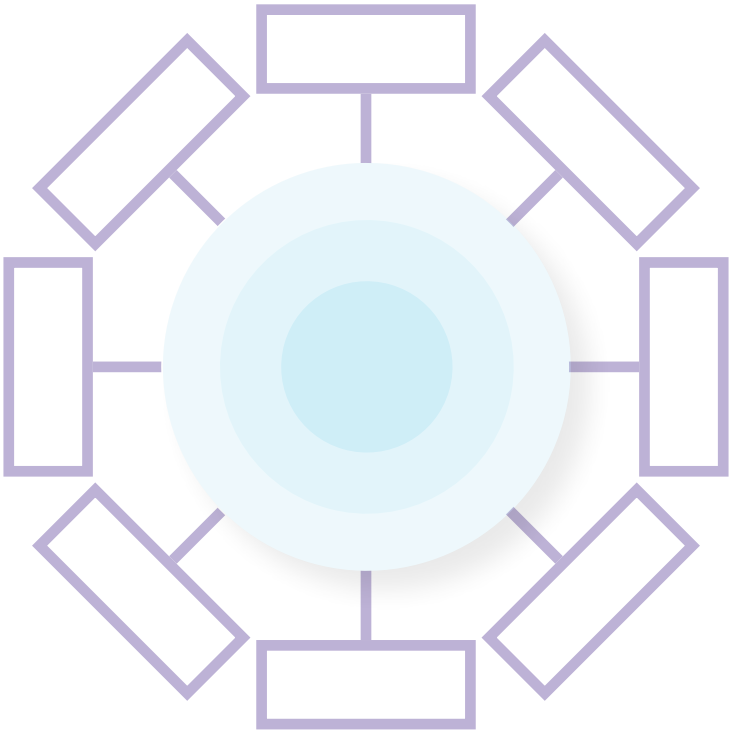
Patient Name:_____ MR#:_____

Sign Here:_____Date:_____

How to use the forms

Practice signing and dating the HIPAA and Consent to Treat forms.

Mind Map - Now You Try



How to use the Mind Map
This chart can be used in individual or group settings to break down the information that was presented in the video vignette. Enter the video title in the center area and related topics in the surrounding boxes. Draw lines to make connections between related topics. Additional ideas may be added by drawing separate lines outward. Color and pictures may be used to enhance information. "Post-it" notes can also be used. These can be arranged by the group on a table or a white board.

CONGRATULATIONS!

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Paperwork at the Sign In Desk

healthy transitions

Moving from Pediatric to Adult Health Care

healthy transitions

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