

**COLLECTION and USE of INFORMATION:
Outcome and Assessment Information Set (OASIS)**

This home health agency is a certified and participating provider of home health services in the Medicare . program. As part of the Conditions of Participation, this agency is required to collect health care information and data on all patients, regardless of whether they are enrolled in Medicare. This information is collected through the Outcome and Assessment Information Set (OASIS) on initial patient assessment and periodically thereafter. The OASIS information is transmitted to the Health Care Financing Administration, a division of the U.S. Department of Health and Human Services, to be used to evaluate and report on the quality of home health services provided by home health agencies.

This home health agency will release OASIS information only as authorized by you. Patient identifiable OASIS information will not be released to the public by this agency or any agent acting on our behalf except as authorized by you. There are no penalties for refusing to supply information or authorize release of information. However, failure to furnish the information or authorize its release would prevent this home health agency from providing services to you.

AUTHORIZATION:

I authorize HOME HEALTH CARE to release to the Health Care Financing Administration or its agents any information contained or included in the Outcome and Assessment Information Set (OASIS). I permit a copy of the authorization to be used in place of the original.

ATTESTATION:

I have received a copy of the "Statement of Patient privacy Rights" and "Privacy Act Statement - Health Care Records" and both have been explained to me by the Home Health Staff.

Patient Signature

Date

Home Health Staff

Date