

Health Insurance Portability and Accountability Act (HIPAA) Covered Disclosure Request Form

This tip sheet highlights information on how Alternative Payment Model (APM) Users will, review, sign, re-sign and download HIPAA Covered Disclosure Request form.

Overview

The **4 Innovation (4i)** system supports APM entities in the submission of applications and management of participation in an APM to improve the quality of care and reduce service costs. 4i is used by APM entities and Centers for Medicare and Medicaid Services/Center for Medicare and Medicaid Innovation (CMS/CMMI) to review and adjudicate applications to approve APM entity participation.

The HIPAA-Covered Disclosure Request Attestation and Data Specification Worksheet allows your entity to request certain data from CMS and to attest to your ability to meet the HIPAA requirements for receiving and using such data. The worksheet must be signed by your entity's authorized signatory (i.e., APM Executive) prior to CMS sharing the data specified in this worksheet. The worksheet does not require a countersignature from CMS.

Access to the HIPAA Covered Disclosure Request Form

All contacts with access to an entity in 4i can view details of the form. To access an entity's HIPAA Covered Disclosure Request form:

Step 1: Click **My Agreements** on the left navigation pane. The page displays your entity. Users affiliated with more than one entity will be able to view all entities.

Step 2: Click on the performance year drop-down menu at the top right of the page to select the correct performance year, if needed.

Step 3: Click on the entity to expand the list of its documents and view the HIPAA Covered Disclosure Request form that needs to be signed/attested for the performance year.

Pro tip: All documents that require signature will be under the entity. More than one document may be available under the entity.

Who can sign the form?

The entity's executive contact is the only user who can complete and sign the form.

Document Status

The HIPAA Covered Disclosure Request form will be in one of two statuses: **Pending Model Participant Signature** (unsigned) and **Executed** (signed). To see the status of the form, users



can use the dropdown at the top left of the page to filter the document by status and easily find the form. The status is also listed under the entity, next to the document name.

How to review or sign the form

Each document that needs to be signed is listed under the entity information. To sign the form:

Step 1: Find the document labeled 'HIPAA Covered Disclosure Request' form on the list

Pro tip: Users may need to use the status dropdown to filter the list of documents.

Step 2: Navigate to the Action column for the document. The action link will display as **Review** or **Sign**.

Pro tip: If the user is the executive contact for the entity, the action link will be **Sign**. For all other users, the link will say **Review**.

Step 3: Click on the action link to expand the document. You may need to keep scrolling to see the full details of the document.

Step 4: Select options for the following questions.

- ❖ Type of entity
- ❖ Reason entity is seeking protected health information (PHI)
- ❖ The CMS files requested
- ❖ Intent of use

Pro tip: If any of the answers or selections is "other", a text box will display to provide additional details.

Step 5: Fill out data custodian details

- ❖ Data Custodian
 - Name
 - Phone Number
 - Email address
- ❖ Alternate data custodian (optional)
 - Name
 - Phone Number
 - Email address

Step 6: Scroll to the bottom of the page to certify that the APM executive reviewed the form and is ready to sign the document. Click on the checkbox to activate the sign button

Step 7: Click on the sign button.

The date, time, and name of the executive will automatically be filled in and a success message will display after the sign button is clicked.

The document status will be updated to **Executed**. To find the signed form, use the status dropdown to filter on the term "executed".

Form Updates:

If the HIPAA Covered Disclosure Request form needs to be updated, a new form must be signed. To sign a new form:

Step 1: Click on the drop down on the left and select “All”.

Step 2: Click “New Form” in the Action column next to the HIPAA-Covered Disclosure Request Form.

Step 3: Follow steps 3-7 in the [How to review or sign the form](#) section.

Pro tip: The new form will be saved with the status **Executed** and have a different version number. Older versions of the executed form will not be removed. Users can view older versions for historical purposes at any time. The newest form is the effective agreement.

Download or Print the Form

To download a copy of the executed form:

Step 1: Click on the drop down on the left and select **Executed**.

Step 2: Click **Review** in the Action column next to the HIPAA-Covered Disclosure Request Form you want to download. A PDF copy of the filled form will be downloaded on your computer.

Support

If you have questions or require technical assistance, please email: DPC@cms.hhs.gov for the DC model and KCF-CKCC-CMMI@cms.hhs.gov for the KCC model. Or call 1-888-734-6433. Select Option 1, then option 3 for DC or option 5 for KCC.