

471-000-230 Instructions for Completing Form MC-OBRA-8, "Authorization for Release of Information"

Use: Form MC-OBRA-8 is used to obtain permission from an individual or their legal representative to release information necessary to determine the appropriateness of admission to or continued residence in a nursing facility when a Level II evaluation is warranted.

The signee must be informed of the purpose and use of the form. Form MC-OBRA-8 is valid for one year from the date the form is signed.

Completion: Form MC-OBRA-8 is completed by the nursing facility, hospital, or other party if the results of the identification screen indicate the individual is subject PASRR Level II evaluation. The name, address and social security number of the individual must be entered on the form. If the name of the nursing facility is known, it must also be entered.

Signature: The individual or his/her legal representative sign and date Form MC-OBRA-8. A witness must also sign and date the form. If the individual has a guardian, the guardianship papers must accompany the MC-OBRA-8. A Durable Power of Attorney (DPOA) signature is acceptable in circumstances where a doctor has documented that the individual is incapacitated and unable to make decisions for him/herself. Verification is required to establish DPOA designation. If the individual signs with an "X" or other mark, two witness signatures are required.

Note: A verbal approval is never accepted in lieu of a signature by the client or their authorized legal representative.

Distribution: The nursing facility, hospital, or other party:

1. Completes and sends a copy of Form MC-OBRA-8 to the DHHS/Contractor;
2. Gives a copy to the individual or their legal representative; and
3. Retains a copy for the individual's permanent nursing facility record.

Retention: Form MC-OBRA-8 is retained for six years.