

Authorization to Use and Disclose Information (AUD) Form

Coordination of care is an important initiative at Magellan. An AUD form is used to facilitate communication and collaboration between the behavioral health provider, the member's primary care provider, and other health care practitioners.

Providers are encouraged to develop their own AUD form. To assist with this process, providers may request a sample AUD form and a sample primary care physician (PCP) communication letter from the Magellan Southeast Care Management Center by calling toll free 1-877-742-1531.

Suggestions for use of the form:

- Include the form as part of your initial visit paperwork.
- When appropriate during the initial visit, discuss with the member the importance of coordinating care with his or her PCP and other health care practitioners.
- Encourage the member to sign the AUD form authorizing the exchange of information between you, the PCP and other health care practitioners.
- Place the completed and signed AUD, indicating the member's decision about whether or not to release information to the PCP and/or other health care practitioners, in the member's file.
- List all treating practitioners within the same office on one AUD, which negates the need for multiple forms.