



### Behavioral Health Treatment Data Sharing Form

*This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield (Anthem).*

Once complete, please fax to **1-844-456-2697, Attn: Behavioral Healthcare Management Department**. This form will be forwarded to the member’s primary care provider by an Anthem Blue Cross and Blue Shield associate after appropriate consent has been obtained.

Member name:	Recipient ID number:
Member address:	Member telephone number:
Primary care provider:	Primary care provider telephone (if available):
Date of initial visit:	Initial diagnosis:
Is this member at imminent risk of hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was a crisis plan established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of initial visit:	
Significant findings from assessment:	
Medications taken or prescribed:	
Other relevant information:	

Treatment requested:*	
Provider name:	Service address:
Provider NPI number:	
Facility/group name:	Telephone number:
Facility NPI number:	Provider facsimile number:
Date of submission:	
Consent obtained to release information? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\* Any service other than routine outpatient treatment (for example, psychological testing) requires specific authorization.**

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.