

# HEALTH STATUS RELEASE FORM

## Dialysis Patient Consent to Release Health Status Information to Fellow Patients

Due to HIPAA privacy laws, dialysis team members may not discuss the health status of any patient with his or her fellow patients. This includes discussion when a patient is being treated in another healthcare setting or if a patient passes away. Completing this form allows you, the patient, to decide who your dialysis care team can inform if your health status changes.

I, \_\_\_\_\_ am completing this form to provide my consent as to  
*(print patient name)*  
what health information the dialysis staff at \_\_\_\_\_  
*(print dialysis clinic name)*  
can share with fellow patients if something should happen to me.

### My dialysis care team can share my health status as follows:

1. If my health status should change due to any of the following, I would like my dialysis care team to share the information (select an answer for each):

Hospitalization	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Admission to a nursing home/rehab center	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Transplant	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Transfer to a home modality	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Passed away	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Other: _____	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

2. I give my dialysis care team permission to share the above health status information with the following individual(s):

Only with the following patient(s): \_\_\_\_\_

Patients on my same dialysis shift	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
My entire dialysis clinic	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Clinic Staff Witness name (print)

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Staff Witness Signature

\_\_\_\_\_  
Date

This agreement will expire one year from the date of signature, unless previously revoked or otherwise specified.

**Patients:** We invite you to share a copy of this completed form with your family members.

**Dialysis team members:** Please make a copy of this document for the patient and place the original in the patient's medical record for reference. This document needs to be renewed annually.





# OVERVIEW OF THE HEALTH STATUS RELEASE FORM



## BACKGROUND

The Health Status Release Form was originally created and successfully piloted by Heartland Kidney Network 12 and later adopted for use by Quality Insights Renal Network 4. The Patient Subject Matter Experts (SMEs) of the End Stage Renal Disease (ESRD) National Coordinating Center identified grief, loss, and abandonment as important attributes of kidney care and acknowledged this form as a resource to support patients, families, and care team members to assist during the coping process.



## WHAT PATIENTS ARE SAYING

When discussing a death in the dialysis clinic:

- *We are like family.*
- *It's hard not finding out about a death until a month after the person has died.*
- *We need an opportunity to grieve the loss of our friend.*

When discussing the value of the Health Status Release Form:

- *The form can help patients cope with the illness or death of a friend at their dialysis center.*
- *If leaving the facility for a period of time, such as for a transplant, I want my friends to know why I'm gone.*



## FREQUENTLY ASKED QUESTIONS ABOUT USING THE FORM

### **How often should the form be updated?**

At a minimum, it is suggested the form be reviewed and updated, by the patient, at least once a year.

### **How can it be included in the workflow?**

Facility team members should collaborate and discuss implementation practices. Below are a few suggestions:

- Consider including this form as part of the annual patient care plan update.
- Facility patient representatives may be interested in partnering with staff members for the implementation of this document.

### **When should new patients receive this form?**

Patient SMEs recommend offering and discussing the form 60-90 days after starting at the facility, as

a new patient would not initially have a relationship with any patients in the facility.

### **How do we know this meets the facility's corporate compliance standards?**

Share the form with the facility administrator to ensure it meets with corporate requirements.

### **Are there any suggested talking points about this form?**

Yes, this form was reviewed and modified by patients. The purpose of the form is to let those who the patient may become close to in the dialysis facility know about a health status change, which is why he or she is not coming to the center for dialysis. The patient can modify the form at any time. The patient is also encouraged to take a copy home and share it with his/her family members.

