

Notice of Enrollment into the Multi-Agency Community Services Information System (MACSIS), GOSH Information System, and Authorization for Billing

To be eligible to receive public funds to help pay the cost of your behavioral health services, you will need to read and sign this statement that allows the agency to give

demographic and billing information to the Alcohol, Drug Addiction and Mental Health Services Board of Montgomery County (ADAMHS). Client information will be used to enroll all clients into either the Multi-Agency Community Services Information System (MACSIS) and GOSH computer software to process billing claims in compliance with state requirements and create summary reports so the ADAMHS can evaluate the quantity and effectiveness of the services provided to Montgomery County clients.

Agencies will continue to use the Board approved sliding fee to determine what amount, if any, that you may be required to pay for services. If you are eligible for Medicaid or other public funds, then the agency will submit name identifying demographic and billing information to the Alcohol, Drug Addiction and Mental Services Board of Montgomery County.

The Alcohol, Drug Addiction and Mental Services Board of Montgomery County will enroll you in the appropriate healthcare plan. The Board will determine what public funds can be used to pay for your services, and pay the agency the appropriate contracted amount as calculated by an information system (MACSIS) connected with the Ohio Mental Health and Addiction Services and Ohio Department of Job and Family Services.

ALL INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL, consistent with state and federal law. Name identified information will only be used to pay for services received. Other information will be kept without your name attached. This information will not be available to any other sources or used for any other purposes. You have the right to review your records and notify the agency of errors in your record. Billing information will be kept for seven (7) years after you have received services, and only demographic information will be kept after that time.

Agency Name _____

I have read and understand the above authorized disclosure of name identifying billing information to the Alcohol, Drug Addiction and Mental Services Board of Montgomery County.

Name of Client _____

(please print)

Signature of Client/Guardian _____ Date _____

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I have read and explained this information to the above named individual.

Signature of Agency Staff _____ Date _____