

**Independent Service Coordinator
Informed Consent and Selection Form**

I want and hereby select _____ and the agency for which she or he works, _____, to serve as my Independent Service Coordinator (ISC) as part of the New Hampshire Nursing Home Transition Project.

I understand that I will work with this Independent Service Coordinator (ISC) to design, set up and monitor my community support plan. I understand that the ISC is available to assist me in trying to design and implement the community care plan that I want. I also understand that I can fire my ISC at any time, and will be given the opportunity to choose another ISC, if one is available. If another ISC is not available, I may have to withdraw from the project.

I understand that I will not have to pay for the ISC's services while I remain in the nursing facility. If I am eligible for community based Medicaid services, I will not have to pay for my ISC's services when I return to the community. If I am not eligible for community based Medicaid services, I will have to pay for my ISC's services out of my own money, if I choose to continue receiving the service when I return to the community.

I understand that the information that I give to my ISC, including my health information and information obtained through other health care providers, may be shared with others — including caregivers and potential caregivers - to help arrange for my health and social services.

I understand that I can see my ISC record at any time and can ask for corrections to that record.

Information may be obtained from my family and friends, but they cannot see my record without my approval.

I will give income, asset and expenditure information to my ISC so that they can find out if I am eligible for any funding or benefits from other sources. I will report changes in my situation to my ISC.

I understand that by agreeing to participate in the project I am not guaranteed the services to return to the community. Rather, an ISC will work with me to explore my desire to return to the community, determine the feasibility of such a move and assist me in trying to access those services and supports to support my return to the community.

I understand that all information that I give to my ISC, including health information, and any medical records that the ISC obtains or maintains, may be shared with project personnel, including the New Hampshire Department of Health and Human Services, the Institute for Health Law and Ethics at the Franklin Pierce Law Center and other ISCs who are not working directly with me. Information about me may also be shared with ISC agency staff, and by those officially named by funding and monitoring agencies, in connection with program payment, evaluation, and research. No information about me or my services will be used in research in any way that could identify me.

I have been given a project description and all my questions about the project have been answered.

A copy of this form is as valid as an original.

Participant's Name

Participant's Signature

Representative's Signature (If one exists)

Date

I have explained the purposes and limits of the project and the services that may be available through the project. I have also explained what is expected of an individual who decides to participate in the project. I have answered all questions about the project asked by the person listed above or by their representative. I hereby witness the above signatures.

ISC's signature

Date