

Ohio Department of Medicaid
ELECTRONIC VISIT VERIFICATION GLOBAL POSITIONING SYSTEM CONSENT

Ohio Administrative Code (OAC) 5160-32-02 (E) states:

Global Positioning System (GPS) functionality of any application or device may be used only upon obtaining the signed consent of the individual receiving the service. Signed consent will be obtained annually, and GPS functionality cannot be activated if consent is not obtained for a respective annual period. The provider will maintain a copy of that signed consent. An individual who has provided consent for GPS functionality may revoke that consent at any time.

In accordance with OAC 5160-32-02, Agency/Independent/Self-Directed providers are responsible for obtaining and maintaining consent in the individual’s service record. Consent will be effective from the date of recipient’s signature on this form for a period of one year (365 days).

Agency/Independent/Self-Directed Provider Name			
Medicaid Recipient First Name		Medicaid Recipient Last Name	
Service Site Address	City	State	Zip Code
<p>I, _____ hereby consent of my own free will for the use of a global positioning system (GPS) when I receive any service(s) in my home/community that are required to have electronic visit verification.</p> <p><input type="checkbox"/> I have received a copy of this form. <input type="checkbox"/> I understand that I may remove my consent at any time.</p>			
Medicaid Recipient Signature			Date
Signature of legal guardian <i>(If applicable)</i>			Date
Signature of Provider			Date