Online Client Enrolment

Description

[et_pb_section fb_built=â?•1â?³ fullwidth=â?•onâ?• _builder_version=â?•4.27.7â?³ _module_preset=â?•defaultâ?• global_colors_info=â?•{}â?•][et_pb_fullwidth_code _builder_version=â?•4.27.7â?³ _module_preset=â?•defaultâ?• global_colors_info=â?•{}â?•] Attestation to Discharge | Share Wellness Center :root { â??primary-color: #00565b; â??primary-dark: #003e42; â??accent-color: #0d9488; â??accent-light: #ccfbf1; â??bg-color: #f8fafc; â??card-bg: #ffffff; â??text-color: #1e293b; â??text-light: #64748b; â??border-color: #e2e8f0; â??header-bg: #ffffff; â??footer-bg: #0f172a; â??footer-text: #94a3b8; } * { box-sizing: border-box; margin: 0; padding: 0; } body { font-family: â??Interâ??, -apple-system, BlinkMacSystemFont, â??Segoe UIâ??, Roboto, sans-serif; background-color: var(â??bg-color); color: var(â??text-color); line-height: 1.6; scroll-behavior: smooth; } /* Header */ .site-header { background-color: var(â??header-bg); border-bottom: 1px solid var(â??border-color); padding: 12px 0; } .header-container { max-width: 1200px; margin: 0 auto; padding: 0 20px; display: flex; flex-wrap: wrap; align-items: center; justify-content: space-between; gap: 15px; } .header-nav { display: flex; align-items: center; gap: 20px; } .header-nav .nav-menu { display: flex; list-style: none; gap: 0; margin: 0; padding: 0; } .header-nav .nav-menu li { position: relative; } .header-nav .nav-menu a { display: block; color: var(â??primary-color); text-decoration: none; padding: 8px 16px; font-size: 0.9rem; font-weight: 600; transition: background-color 0.2s, color 0.2s; border-radius: 4px; } .header-nav .nav-menu a:hover { color: var(â??accent-color); background-color: var(â??bg-color); } .header-nav .nav-menu a.active { color: var(â??accent-color); background-color: transparent; } /* Hero Banner */ .hero-banner { position: relative; height: 200px; background: linear-gradient(135deg, rgba(30, 58, 76, 0.85), rgba(13, 148, 136, 0.75)), url(â??https://images.unsplash.com/photo-1576091160399-112ba8d25d1d?ixlib=rb-4.0.3&auto=format&fit=crop&w=1920&q=80â??) center/cover no-repeat; display: flex; align-items: center; justify-content: center; text-align: center; } .hero-content { color: white; max-width: 800px; padding: 0 20px; } .hero-content h1 { font-size: 1.9rem; font-weight: 700; margin-bottom: 6px; text-shadow: 0 2px 4px rgba(0,0,0,0.25); letter-spacing: -0.02em; } .hero-content p { font-size: 0.95rem; opacity: 0.95; font-weight: 300; } /* Breadcrumb */ .breadcrumb { background-color: var(â??card-bg); border-bottom: 1px solid var(â??border-color); padding: 10px 0; } .breadcrumb-container { max-width: 1200px; margin: 0 auto; padding: 0 20px; } .breadcrumb a { color: var(â??accent-color); text-decoration: none; font-size: 0.85rem; font-weight: 500; } .breadcrumb a:hover { text-decoration: underline; } .breadcrumb span { color: var(â??text-light); font-size: 0.85rem; margin: 0 8px; } /* Main Content */ .page-content { max-width: 1000px; margin: 0 auto; padding: 40px 20px; } .form-container { background: var(â??card-bg); border-radius: 10px; padding: 40px; box-shadow: 0 2px 12px rgba(0,0,0,0.06); border: 1px solid var(â??border-color); } .form-header { text-align: center; border-bottom: 3px solid var(â??primary-color); padding-bottom: 20px; margin-bottom: 30px; background: var(â??bg-color); border-radius: 8px 8px 0 0; padding: 20px; border: 1px solid var(â??border-color); border-bottom: 3px solid var(â??primary-color); } .form-header h2 { color: var(â??primary-color); font-size: 1.3rem; font-weight: 700; margin-bottom: 8px; } .form-header .org-name { color: var(â??primary-color); font-size: 1.1rem; font-weight: 700; margin-bottom: 4px; text-transform: uppercase; letter-spacing: 0.5px; } .form-header .org-meta { color: var(â??text-light); font-size: 0.85rem; margin-bottom: 10px; font-weight: 500; letter-spacing: 0.3px; } .form-header .form-title { color: var(â??text-color); font-size: 1rem; margin-bottom: 4px; } .form-header .form-subtitle { color: var(â??text-light); font-size: 0.85rem; } .section-block { margin-bottom: 30px; } .section-block h3 { color: var(â??primary-color); font-

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size: 1.1rem; font-weight: 700; margin-bottom: 15px; padding-bottom: 8px; border-bottom: 2px solid var(â??accent-light); } .info-row { display: grid; grid-template-columns: 1fr 1fr; gap: 15px; margin-bottom: 15px; } .info-item { display: flex; flex-direction: column; } .info-item.full-width { grid-column: 1 / -1; } .info-item label { font-weight: 600; font-size: 0.85rem; margin-bottom: 6px; color: var(â??text-color); } .info-item input, .info-item select { padding: 8px 12px; border: 1px solid var(â??border-color); border-radius: 4px; font-size: 0.95rem; width: 100%; } .info-item input:focus, .info-item select:focus { outline: none; border-color: var(â??accent-color); } .checkbox-group { display: grid; grid-template-columns: 1fr; gap: 10px; margin: 15px 0; } .checkbox-label { display: flex; align-items: center; font-weight: normal; font-size: 0.9rem; cursor: pointer; padding: 8px 12px; background: var(â??bg-color); border-radius: 4px; border: 1px solid var(â??border-color); } .checkbox-label input { margin-right: 10px; width: 16px; height: 16px; accent-color: var(â??primary-color); } .text-block { background: var(â??bg-color); border-left: 4px solid var(â??accent-color); padding: 15px; margin: 15px 0; border-radius: 0 6px 6px 0; font-size: 0.9rem; line-height: 1.7; color: var(â??text-color); } .text-block p { margin-bottom: 10px; } .signature-grid { display: grid; grid-template-columns: 1fr 1fr; gap: 20px; } .signature-item { display: flex; flex-direction: column; } .signature-item.full-width { grid-column: 1 / -1; } .signature-item label { font-weight: 600; font-size: 0.85rem; margin-bottom: 6px; color: var(â??text-color); } .signature-item input { padding: 8px 12px; border: 1px solid var(â??border-color); border-radius: 4px; font-size: 0.95rem; width: 100%; } .signature-item input:focus { outline: none; border-color: var(â??accent-color); } .btn-submit { background-color: var(â??primary-color); color: white; border: none; padding: 14px 28px; font-size: 0.95rem; font-weight: 600; border-radius: 6px; cursor: pointer; width: 100%; margin-top: 20px; transition: background-color 0.2s; } .btn-submit:hover { background-color: var(â??primary-dark); } .btn-print { background-color: transparent; color: var(â??primary-color); border: 2px solid var(â??primary-color); padding: 10px 20px; font-size: 0.9rem; font-weight: 600; border-radius: 6px; cursor: pointer; width: 100%; margin-top: 10px; transition: all 0.2s; } .btn-print:hover { background-color: var(â??primary-color); color: white; } /* Footer */ .site-footer { background-color: var(â??footer-bg); color: var(â??footer-text); padding: 18px 0; margin-top: 40px; text-align: center; font-size: 0.8rem; border-top: 3px solid var(â??accent-color); } .footer-container { max-width: 1200px; margin: 0 auto; padding: 0 20px; } /* Responsive */ @media (max-width: 768px) { .header-container { flex-direction: column; gap: 10px; } .header-nav .nav-menu { justify-content: center; flex-wrap: wrap; } .info-row { grid-template-columns: 1fr; } .signature-grid { grid-template-columns: 1fr; } .form-container { padding: 20px; } .hero-content h1 { font-size: 1.6rem; } } @media print { .site-header, .hero-banner, .breadcrumb, .site-footer, .btn-submit, .btn-print { display: none; } .form-container { box-shadow: none; border: none; padding: 0; } } Online Referral Attestation to Discharge Attestation to Discharge Conflicting/Overlapping Authorization(s) Due to Non-Overlap Requirement Home Â» Attestation to Discharge Share Wellness Center Attestation to Discharge Conflicting/Overlapping Authorization(s) Due to Non-Overlap Requirement Participant Information Participant Information Participant Full Name Participant ID Date of Birth Provider Information Provider Organization Name Provider NPI / Provider Identifier Provider TIN Number Purpose Certain services are not permitted to overlap according to COMAR 10.09.80.06B. You can also refer to the Combination of Mental Health Services document or the Combination of SUD Services document on Share Wellness Centerâ??s website for additional details. This attestation documents the participantâ??s (or Authorized Representativeâ??s) request to receive services with the provider listed above and to discharge/end any conflicting, overlapping authorization(s) that prevent authorization and/or delivery of those services. If the participant has any questions, they can call customer service at +1 (240) 355-1616 to ask for additional details. A) Participant / Authorized Representative Attestation By signing below, I attest and agree that: 1. I am (check one): The participant identified above The participantâ??s Authorized Representative/legal guardian with legal authority to act on the participantâ??s behalf 2. I am requesting to receive the indicated behavioral

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health service(s) with the provider identified above. 3. I understand that certain service authorizations may not overlap, and that existing overlapping authorizations may prevent the requested services from being authorized and/or delivered from this Provider. 4. I am requesting that any conflicting and overlapping authorization(s) (including those associated with other provider(s)) that are not permitted to overlap with the services I am seeking with this provider be discharged/ended/closed, as allowed under program rules, so that services may proceed with this provider. I understand that conflicting and overlapping authorizations will be discharged/ended/closed immediately upon submission of this document. 5. I understand that ending/discharging an authorization may affect the participantâ??s ability to receive services under the discharged authorization(s). I have had the opportunity to ask questions about this decision and have received answers I understand. 6. I attest that this decision is voluntary and made without coercion. Printed Name (participant or Authorized Representative) If Authorized Representative, relationship to participant If Authorized Representative, brief description of authority Signature (wet signature only) Date Signed (MM/DD/YYYY) B) Provider / Authorized Provider Representative Attestation By signing below, I attest and agree that: 1. I am the provider or an Authorized Representative of the provider identified above, and I am authorized to sign this attestation on behalf of the Provider. 2. The participant (or Authorized Representative) completed this attestation in concert with the provider and affirmed they are seeking services with this Provider. 3. To the best of my knowledge, the participant may have an existing authorization(s) that conflicts with the non-overlap requirement for the service(s) being sought with this provider, and this attestation is intended to document the participantâ??s request to discharge/end such conflicting, overlapping authorization(s) (including authorization(s) associated with other provider(s)). 4. I informed the participant (or Authorized Representative) that discharging an authorization may affect access to services under the discharged authorization(s) and provided an opportunity for questions. Printed Name (Provider/Representative) Title Signature (wet signature only) Date Signed (MM/DD/YYYY) Submit Attestation Form Print Form Copyright Â© 2026 | All Rights Reserved | Share Wellness Center | Designed By TechLixir Digitals function submitAttestation() { function val(id) { var el = document.getElementById(id); return el ? el.value.trim() : â?•; } var body = â??ATTESTATION TO DISCHARGE â?? SHARE WELLNESS CENTER\nâ?? + â??==========\n\nâ?? + â??PARTICIPANT INFORMATION\nâ?? + â??Name: â?? + val(â??aParticipantNameâ??) + â??\nâ?? + â??Participant ID: â?? + val(â??aParticipantIdâ??) + â??\nâ?? + â??Date of Birth: â?? + val(â??aDobâ??) + â??\n\nâ?? + â??PROVIDER INFORMATION\nâ?? + â??Organization: â?? + val(â??aProviderOrgâ??) + â??\nâ?? + â??NPI/Identifier: â?? + val(â??aProviderNpiâ??) + â??\nâ?? + â??TIN: â?? + val(â??aProviderTinâ??) + â??\n\nâ?? + â??SECTION A â?? PARTICIPANT ATTESTATION\nâ?? + â??Printed Name: â?? + val(â??aPrintedNameAâ??) + â??\nâ?? + â??Relationship: â?? + val(â??aRelationshipâ??) + â??\nâ?? + â??Authority: â?? + val(â??aAuthorityâ??) + â??\nâ?? + â??Signature: â?? + val(â??aSignatureAâ??) + â??\nâ?? + â??Date Signed: â?? + val(â??aDateSignedAâ??) + â??\n\nâ?? + â??SECTION B â?? PROVIDER ATTESTATION\nâ?? + â??Printed Name: â?? + val(â??aPrintedNameBâ??) + â??\nâ?? + â??Title: â?? + val(â??aProviderTitleâ??) + â??\nâ?? + â??Signature: â?? + val(â??aSignatureBâ??) + â??\nâ?? + â??Date Signed: â?? + val(â??aDateSignedBâ??) + â??\n\nâ?? + â??==========\nâ?? + â??Submitted on: â?? + new Date().toLocaleString(); var mailtoLink = â??mailto:info@sharewellnesscenter.comâ?? + â???subject=Attestation to Discharge â?? â?? + encodeURIComponent(val(â??aParticipantNameâ??) || â??Share Wellnessâ??) + â??&body=â?? + encodeURIComponent(body); window.location.href = mailtoLink; } [/et_pb_fullwidth_code][/et_pb_section]

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Author
wellnesscenter

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