

## Instructions for Substance Use Releases of Information - Providers

### Overview:

Alameda County Behavioral Health (ACBH) uses three releases of information (ROIs) to facilitate information sharing that is compliant with 42 CFR Part 2 and HIPAA:

#### **Form 1: Payment and Health Care Operations**

Starting **August 1, 2021**, **ALL new and existing clients** are required to sign this ROI in order for providers to receive reimbursement from ACBH for their services since the information shared is necessary to bill Medi-Cal and other state and federal funding.

#### **Form 2: Treatment and Care Coordination**

Clients are strongly encouraged to sign this ROI to support ACBH's contracted substance use providers to communicate with each other and ACBH's contracted mental health providers for the purpose of providing better treatment and coordinating care. *(Note: clients with pre-existing ROIs for this purpose may continue to rely on these and do not need to complete this form.)*

#### **Form 3: Miscellaneous Purposes**

This ROI can be customized to address any information use or sharing purpose not described above, including but not limited to identifying emergency contacts, participation in Drug Court or the Forensic Substance Use Case Management Program (via Probation), and coordinating care with primary care or other non-ACBH health providers. *(Note: clients with pre-existing ROIs for this purpose may continue to rely on these and do not need to complete this form.)*

### For All Forms:

Because these ROIs serve different purposes, they have different options in terms of information to be shared, recipients, and default expiration dates. **Clients are not required to sign these ROIs; however, choosing not to sign certain ROIs may result in limitations described below.**

### Detailed Instructions For Each Form:

#### **Form 1: Payment and Health Care Operations**

- **Section 1. Client Information:** The provider may pre-fill this section. The ACBH Client ID number is the client's Medical Record Number and is optional but highly recommended to identify the correct client.
- **Section 2. Authorization to Disclose My Information & Purposes of Disclosure:** Inform the client that this form is required to allow providers to share information necessary for ACBH to obtain reimbursement from state and federal funding. **If this form is not signed, ACBH cannot reimburse the provider for these services.**
- **Section 3. Names or Types of Organizations Disclosing My Information:** The organizations that can share information under this ROI are limited to ACBH and its contracted substance use providers.

- **Section 4: Names of Organizations Receiving My Information:** The recipients are limited to ACBH and the California Department of Health Care Services, which are responsible for billing and oversight of substance use programs.
- **Section 5: My Substance Use Treatment Information to Be Disclosed:** This section is pre-filled because all of these items are required by the State for reimbursement. Additional information can be added if needed.
- **Section 6: Expiration of Authorization:** The default is 3 years, but the client may choose to write in another date or event.
- **Section 7: My Rights:** Inform the client that while their signature is optional, they may be denied services if the provider cannot be paid for these services. Inform the client how they can revoke the ROI verbally or in writing.
- **Section 8: Redislosure of My Information:** Inform the client that their data will not be redisclosed by the recipients unless they separately authorize the redisclosures or it falls under an exception in privacy regulations.
- **Section 9: Signature:** Either the client or a Legal Representative must sign and date the form. The Legal Representative must describe their authority to sign on behalf of the client on health matters and provide documentation (ex. Advance Health Directive). Legal representatives include guardians/conservators of adult clients, representatives of deceased client (ex. executor), or parent/guardian of minor where minor does not have right to consent. Note: an attorney (ex. Deputy Public Defender) is usually NOT a Legal Representative of the client for this purpose.

## Form 2: Treatment and Care Coordination

- **Section 1. Client Information:** The provider may pre-fill this section. The ACBH Client ID number is the client's Medical Record Number and is optional but highly recommended to identify the correct client.
- **Section 2. Authorization to Disclose My Information & Purposes of Disclosure, & Organizations Receiving My Information:** Inform the client that this form is required to allow ACBH substance use and mental health providers to share information with each other to coordinate treatment and services for the client. The organizational recipients are listed in the **Appendix** (see below).
- **Section 3. Names or Types of Organizations Disclosing My Information:** The client can choose which organizations can share information under this ROI, including ACBH, its contracted substance use providers, or any other person or organization the client chooses (which must be written in).
- **Section 4: My Substance Use Treatment Information to Be Disclosed:** The client may check any of the options or write in their own information. If they check "**ALL** information listed here," this means that all the items listed will be included.
- **Section 5: Expiration of Authorization:** The default is 2 years, but the client may choose to write in another date or event.
- **Section 6: My Rights:** Inform the client that their signature is optional, and they cannot be denied services based on refusing to sign. However, if the client does not sign, then

their substance use provider(s) cannot contact their other substance use and/or mental health providers to coordinate treatment and/or services. Inform the client how they can revoke the ROI verbally or in writing.

- **Section 7: Rediscovery of My Information:** Inform the client that their data will not be redisclosed by the recipients unless they separately authorize the redisclosures or it falls under an exception in privacy regulations.
- **Section 8: Signature:** Either the client or a Legal Representative must sign and date the form. The Legal Representative must describe their authority to sign on behalf of the client on health matters and provide documentation (ex. Advance Health Directive). Legal representatives include guardians/conservators of adult clients, representatives of deceased client (ex. executor), or parent/guardian of minor where minor does not have right to consent. Note: an attorney (ex. Deputy Public Defender) is usually NOT a Legal Representative of the client for this purpose.
- **Appendix:** These lists include all the organizational providers in ACBH's Substance Use and Mental Health Systems of Care at the time listed. This list is static, so client information will not be shared with any new providers joining these Systems of Care unless a client specifically authorizes this in an updated ROI; the list will be updated periodically. Clients may cross out providers or add providers (write in Section 3 if preferred).

### Form 3: Miscellaneous Purposes

- **Section 1. Client Information:** The provider may pre-fill this section. The ACBH Client ID number is the client's Medical Record Number and is optional but highly recommended to identify the correct client.
- **Section 2. Authorization to Disclose My Information:** This form has multiple sections that separately identify who is sharing the information (3), what information will be shared (4), who will receive the information (5), and the purpose of the information (6).
- **Section 3. Names or Types of Individuals or Organizations Disclosing My Information:** The client can choose which organizations can share information under this ROI, including ACBH, its contracted substance use providers, or any other person or organization the client chooses (which must be written in).
- **Section 4: My Substance Use Treatment Information to Be Disclosed:** The client may check any of the options or write in their own information. If they check "**ALL** information listed here," this means that all the items listed will be included.
- **Section 5: Names of Individuals or Organizations Receiving My Information:** This section must clearly state the name(s) and contact information of the individual(s) or organization(s) receiving the information in accordance with this ROI.
- **Section 6: Purpose(s) of Disclosure:** This section must clearly state the purpose(s) of disclosure for this ROI. For example: "Emergency contact," "Support Drug Court participation," "Show compliance with terms of Probation supervision," or "Coordinate care with my housing provider."
- **Section 7: Expiration of Authorization:** The default is 2 years, but the client may choose to write in another date or event.

- **Section 8: My Rights:** Inform the client that their signature is optional and they cannot be denied services based on their refusal to sign. However, signing is required to share SUD information for miscellaneous purpose. Inform the client how they can revoke the ROI verbally or in writing.
- **Section 9: Redislosure of My Information:** Inform the client that their data will not be redisclosed by the recipients unless they separately authorize the redisclosures or it falls under an exception in privacy regulations.
- **Section 10: Signature:** Either the client or a Legal Representative must sign and date the form. The Legal Representative must describe their authority to sign on behalf of the client on health matters and provide documentation (ex. Advance Health Directive). Legal representatives include guardians/conservators of adult clients, representatives of deceased client (ex. executor), or parent/guardian of minor where minor does not have right to consent. Note: an attorney (ex. Deputy Public Defender) is usually NOT a Legal Representative of the client for this purpose.