Behavioral Health Department
Alameda County Health

Memorandum

Date: August 14, 2026

To: Alameda County Behavioral Health Department (ACBHD) Drug Medi-Cal Organized Delivery System (DMC-ODS) Providers

From: Vanessa Baker, Deputy Director, Plan Administrator

CC: Office of ACBHD Director
ACBHD SUD Continuum of Care
ACBHD Executive Leaders
ACBHD Quality Management
ACH Office of Compliance Services

Subject: **Introducing Updated Substance Use Disorder (SUD) Consent Forms**

Purpose

The purpose of this memorandum is to inform DMC-ODS providers that Substance Use Disorder (SUD) consent forms authorizing care coordination among care providers have been updated and require implementation. The reason for this necessary revision is to align with the federal 42 CFR Part 2 Final Rule. This memorandum details the updates and provides guidance for SUD providers to implement these new forms.

Background

The 2024 Final Rule revised the confidentiality requirements under 42 CFR Part 2 to permit a single consent for the disclosure of past, present, and future SUD information for purposes of treatment, payment, and health care operations (TPO). This change allows for the appropriate sharing of SUD information among treatment providers, care coordinators, health plans, and other authorized entities involved in a member's care. It reduces the need for multiple consent forms while supporting improved care coordination across behavioral health, primary care, housing supports, and other related services. The Final Rule is intended to promote care coordination, continuity of care, and collaboration among providers to enhance health outcomes and the overall member care experience, while maintaining the confidentiality protections afforded to SUD records.

New Process

The following consent forms are now available and replace existing forms used to authorize the disclosure of SUD information among care providers.

1. Form A – Treatment, Payment and Health Care Operations (TPO) or Payment and Health Care Operations (PO) Only: Use to obtain member's consent to use and disclose their substance use information among ***County*** providers, care coordinators, and health plans for purposes of care coordination. To allow for Medi-Cal billing, a member is required at minimum to consent to the use and disclosure for Payment and Healthcare Operations (PO Only).
    - Threshold language forms forthcoming.

2. **Form B – Other Purposes**: Use for disclosures that are not covered by Form A, including disclosures to probation, obtaining collateral information from family members or significant support person, legal matters, and disclosures of SUD counseling notes that are maintained separately from the member's SUD treatment records.
    - Threshold language forms forthcoming.

3. **ASCMI Non-AB133 Form:** This State issued form titled the *AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCMI) FORM***,** is used to obtain member's consent to use and disclose their health information among ***statewide*** providers, care coordinators, and health plans to support care coordination (e.g. when a member is hospitalized out-of-county). The form may authorize the use and disclosure of SUD information, as well as other health information, as specified in the form and member's authorization. **This State form is required to be presented to a member**. However, a member is not required to consent in order to receive ACBHD SUD services.
    - **ASCMI Forms Translations | DHCS:** Provides Non-AB133 threshold language forms.

All SUD forms and the link to the State's ASCMI webpage are also posted in section 11 of the QA Manual on the Provider website.

Please continue to use the **Acknowledgement of Receipt & Consent to Services** to obtain member consent to treatment. This form has not changed and is accessible in all threshold languages and large font on the **Informing Materials List | ACBH Providers Website.**

If a member declines to sign a consent form, the provider shall document in a Progress Note that the form was presented to the member and that the member declined to sign. Signed consent forms must be kept in the member's record and shared with other providers, as appropriate.

Member Communication

When discussing the SUD TPO consent forms with members, providers must:

- Clearly explain the purpose of the consent and the implications of providing or declining consent.
- Inform members that signing the consent is voluntary and that they may revoke their consent at any time, consistent with applicable federal and state requirements.
- Explain that the confidentiality protections under 42 CFR Part 2 continue to apply, including protections that generally prohibit the use or disclosure of SUD information in legal proceedings against the member without the member's consent or as otherwise permitted or required by law.

ACBHD Communication and Training Plan

- **SUD Provider Meeting:** On August 6, 2026, the upcoming changes were reviewed with providers during the SUD Provider Meeting. The presentation slides, titled *Implementation Plan for SUD Consent Forms,* are attached to this memo.
- **Training**: An ACBHD training is scheduled in September. Please register for the training and/or listen to the recorded session once posted on the QA Training page.

Substance Use Disorder (SUD) Consent Forms
Date and Time: September 3, 2026, 1:00-2:00 PT

Registration Link: https://attendee.gotowebinar.com/register/1805767986077083232
The training will be recorded

Actions Required

- Register for the *SUD Consent Forms* training (link above)
- Share the information with your teams, as appropriate
- Ensure the appropriate forms are completed and filed in each member's record based on the following effective dates:
  - **New Members:** Begin using the new consent forms with ***new members*** effective the date of this memo.
  - **Existing Members**: Review the new TPO and ASCMI forms with ***existing members*** and obtain completed forms, as applicable, by September 30, 2026.

Questions/Support

- Questions regarding the 42 CFR Part 2 Final Rule: Please contact your organizational Compliance or Privacy Officer.
- Questions regarding the new SUD consent forms or their implementation: Please email ACBHD Quality Assurance at QATA@acgov.org

Attachment: *Implementation Plan for SUD Consent Forms*