Client Acceptance of Secondary (Incidental) Disclosure(s) Substance Use Prevention and/or Treatment Services

Substance Ose Prevention and/or Treatment Services	
I,(print name), according of Federal Regulations (CFR) Part 2 and HIPAA Privacy Rule treatment programs (Program(s)) to take practical protect my private healthcare information (PHI).	·
General privacy values initiated in state and federal law are treatment team from talking to each other and/or to their be used to avoid sharing client information with others no times, minor amounts of client information may be discloss care is delivered or being coordinated. This is referred to a	clients. Practical protections should t involved in the client case and at sed to people near where the client
Clients in Programs usually see one another at the program. They are free to talk about their own client-identifying information without violating the privacy laws. Federal and state laws Program's disclosure and use of information. Clients' free to but a self-disclosure which 42 CFR Part 2 and HIPAA do not	ormation to other clients or anyone aw restrict only the treatment talk between themselves is nothing
Program group sessions require clients to enter their name scheduled group session. Because clients see one another's sheet reveals the identities of other clients. This is not self-Program's requirement that the client sign in changes the disclosure by the Program.	s' names on the sheet, the sign-in disclosure by the client. The
The <i>required</i> disclosure is only allowed if it meets one of the HIPAA. HIPAA does have an important exception. HIPAA per "secondary" disclosure as long as the least amount of informis used. 42 CFR Part 2 has no exception for <i>secondary</i> disclosure to provide written consent to disclose their names to sheet.	ermits the use of sign-in sheets as a rmation needed for the sign-in sheet osures. 42 CFR Part 2 <i>requires the</i>
I accept that I must take reasonable precautions to protect this service setting and that I will take reasonable precauti confidential information that I may hear while in a group s	ons to not violate other client
Name of SU Service Provider:	
Client Signature/Printed Name:	
Staff Signature/Printed Name:	Date: