Behavioral Health Department
Alameda County Health

FORM B

Consent For Disclosure of Substance Use Information FOR OTHER PURPOSES (42 CFR PART 2)

INSTRUCTIONS:

- Only one box may be checked per consent form.
- If you wish to authorize disclosure of your substance use disorder (SUD) information to multiple parties for different purposes, a separate consent form must be completed for each. Example: if you are authorizing disclosure of general substance use information to a probation officer and disclosure of counseling notes to the same probation officer, **you must complete a separate form for each type of information.**

Please check **ONE** box only:

☐ **Parent/Guardian or Legal Representative** – disclosure to legally authorized Representatives.

☐ **Legal/Court Proceedings** – disclosure for a specific legal matter. I understand that my SUD information may be used in criminal, civil, or administrative proceedings. Case # (if known): _____

☐ **Counseling Notes**- disclosure of SUD Counseling notes outside of treatment purposes.

☐ **Other** (please describe: _____

Section 1. Client Information

First Name	Last Name	Middle Name
Medi-Cal CIN	Date of Birth	Phone Number

Section 2. Consent/Authorization to Disclose My Information (Verbal or Written)

a. I authorize the following individual(s) or organization(s) to disclose the records:

_____

b. I authorize the following individual(s) or organization(s) to receive my records:

_____

c. Records To Be Disclosed (select the types of information you are consenting/authorizing to disclose).
Important: If you are consenting to the disclosure of Counseling Notes in this consent form, ***do not check any boxes below***, as counseling notes are a separate category of records under Part 2 Rules.

☐ Service History	☐ Medications	☐ Drug and Lab Results
☐ Assessment Information	☐ Treatment Plans	☐ Discharge Plans and Summaries
☐ Diagnosis	☐ Progress Notes	
☐ Other (please describe):		

Section 3. Purpose of Disclosure

I consent/authorize my information to be disclosed for the following purpose(s) only:

_____

_____

Section 4. Expiration

This consent will expire two (2) years after the date of my signature on this form, unless I write in an expiration date or event here: _____

Section 5. My Rights

- I do not have to sign this consent form. My treatment, payment, enrollment in a health plan, and/or eligibility for benefits do not require my signing this form. Signing this form is voluntary and is only necessary if I want the disclosure described in this form to occur.

- Once your SUD information has been used or shared, it may no longer be protected by federal law (42 CFR Part 2 or the Health Insurance Portability and Accountability Act) or protected in the same way it was before it was used or shared.
- I may revoke this consent at any time by contacting individuals or organizations listed in Section 2, except to the extent that my information has already been disclosed in reliance on this consent.
- I have the right to receive a copy of this consent form.

Section 6. Redisclosure Notice

I understand that strict federal law protects my substance use information. This law prohibits anyone who receives my information from redisclosing it unless I specifically authorize it in writing, or the law otherwise allows it.

Section 7. Signatures

At least one of the following below must be signed and dated to complete this form.

_____ _____

Client Signature **Date**

If the client is a minor who has the legal authority to consent to their own substance use treatment under State law, the minor must sign the form. If you turn 18, or if your guardianship changes, you will need to provide new consent.

_____

Parent/Guardian or Authorized Representative PRINT NAME

_____ _____

Parent/Guardian or Authorized Representative Signature **Date**

If signing on behalf of a minor, the person must be legally authorized to consent to disclosure of the minor's SUD information. Documentation of authority (e.g., guardianship papers, court order) must be provided. Please describe the authority: _____

_____

42 CFR Part 2 prohibits unauthorized use or disclosure of these records