Behavioral Health Department
Alameda County Health

Substance Use Disorder Consent Forms Training Questions/Answers

1. **How would we know who to put as an emergency contact without the form?**

The client's emergency contact information should be documented on the client's face sheet. Staff should discuss with the client, in advance, whether they would like their emergency contact to be contacted in the event of an emergency and what information they're comfortable having shared. For example, "If you were to have an emergency, such as an allergic reaction that required you to go to the hospital, would you want us to contact your emergency contact? If so, what information would you want us to share with them?"

Use Form B to obtain the client's appropriate consent for communication with the emergency contact and maintain the completed form in the client's medical record.

If an actual bona fide medical emergency (e.g., cardiac arrest) occurs and the client is unresponsive and unable to provide consent, staff should follow the applicable Part 2 emergency-disclosure requirements and organizational policy.

2. **Is there an Appendix for Form 1 as there was previously?**

The appendix isn't needed anymore because Form A can act as a TPO

3. **What is the benefit for clients who sign the Non-AB133 form?**

The benefits of signing the ASCMI form include: Better care coordination (avoids unnecessary delay or duplication), improved access to services (medical, MH/SUD, social, housing, and other supportive services), continuity of care across counties (e.g. If while visits a family member in LA, client becomes ill or requires treatment, their consent can help the treating Care Partners obtain the information needed to support timely and appropriate care), faster access to important information (exchange of necessary information in real-time, which may help reduce delays in treatment and support better-informed care decisions), and less need for repeat information (client may not have to repeatedly provide the same information or complete multiple auth forms).

4. **Will the County Health Record begin providing Protected Health Information (PHI) from other counties when a client signs the Non-AB133 form?**

No. Currently, the county Electronic Health Record (Clinician's Gateway) does not have the capability to manage consents and open up access to records when a consent is signed.

5. **What defines a covered entity?**

HIPAA. See https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html

6. **Many of our clients signed the old Misc Form 3 for their emergency contacts. Are they all going to need to sign a new Form B for the same purposes or are those old form 3's still valid?**

There is no need to have members re-sign Form B, if validly signed Misc. Form already exists. Reason for existing clients to sign Form A and ASCMI is that Part 2 updates are to allow for one single consent for TPO purposes.

7. **Where can we obtain these forms?**

ACBHD SUD Consent forms are found in Section 11 of the QA Manual on the Provider website. The DHCS ASCMI forms are published on DHCS page. A link to this page is also available in section 11 of the QA Manual.

8. **Should Form B be used to obtain consent to communicate with probation?**

Yes.

9. **If a client declines to sign Form A but signs ASCMI it sounds like they can still get services, correct?**

Correct.

10. **Most of our clients are on Medi-cal. Does this mean we should use the AB 133 form or should we use the Non-AB 133 form and note that it will not apply in most cases?**

We recommend using the ASCMI Non-AB 133 form for both Medi-Cal and non-Medi-Cal clients. This is allowed by DHCS. This will simplify the process in that if AB-133 is used and a client's eligibility status changes, the form must be signed again. This is not the case with the Non-AB 133 form.

11. **Does "the old forms aren't valid" mean we have to have clients sign new forms, even if they're not expired?**

With **new clients** review the following forms, in this order, during the Intake process effective August 14, 2026:

- Acknowledgement of Receipt & Consent to Services
- ACBHD Consent for TPO or PO Only (Form A)
- DHCS ASCMI Non-AB133 Form
- ACBHD Consent for Other Purposes (Form B)- As appropriate

With **existing clients** review the following forms by September 30, 2026:

- ACBHD Consent for TPO or PO Only (Form A)
- DHCS ASCMI Non-AB133 Form

12. Can non-ACBHD treating providers referring clients to ACBHD SUD services complete Form A TPO to be able to coordinate care among 42 CFR Part 2 Providers?

Yes. Any provider requesting Part 2 records must use a Part 2 compliant consent form.

13. Does Form A TPO cover "housing providers"?

If housing staff are performing care coordination or case management functions such as connecting clients to health care services, coordinating treatment or supporting clients with their health related needs, then those activities can fall within the Part 2-Compliant TPO framework, assuming the disclosure is otherwise permitted and covered.