

POLICY

The System adheres to all federal and state laws and regulations governing confidentiality of client alcohol and substance abuse treatment records. In general, confidential client information cannot be disclosed, or re-disclosed, without a client's written authorization.

The Authorization Form for the Release of Confidential Client Information, signed by the client, is used to allow Providers within the System to exchange information about the client with any party/agency designated on the form.

PROCEDURE **All Providers**

When initiating an Authorization Form, inform the client about the purpose and limitations of confidentiality protection. Complete the form by recording the required information in the spaces provided and having the client initial each of the relevant sections on the form. In general, a good rule to follow when completing any consent form is: *disclose only what is necessary, for as long as necessary, on a need- to-know basis only, based on the purpose of the communication.*

The Authorization Form is available in three languages: English, Spanish, and Vietnamese. Following are instructions for completing the form, beginning with the first blank line at the top left of the form and moving left to right, line by line, down the page:

Top portion of the form

- Print client's name
- Record client's date of birth
- Record client's social security number
- Record client's UNI/Care identification number

Body (declarative section) of the form

- Print client's name
- Print the name of your agency, or the name of the person* at your agency who will be communicating the information
- Record that person's telephone number or the main number for your agency
- Print the name of the person* or agency with whom the communication will take place
- Indicate the reason that the communication is necessary, i.e., "coordination of client treatment" or "to comply with reporting conditions of probation", etc.

** Preferably, an individual's name, however, agency names are acceptable and sometimes practical to use, i.e., when the designee will change often (social workers, probation officers)*

**All Providers
(contd)**

In the table

- Have the client initial in the box beside each type of information that can be shared
- If the client initials the box marked “Any information in my treatment record”, it is not necessary to initial any other selections
- If applicable, in the space marked “Other”, specify any other type of information (not included in the table) that will be shared and have the client initial that box

The final three lines

- Record the date on which the consent will expire*
- Have the client sign** and date
- Give the client a copy of the authorization form

**Preferably, the expiration date should be set out far enough to allow communication for as long as needed, but not beyond that point. It is acceptable to use an event, i.e., “date of discharge from this program” or a condition, i.e., “when probation is completed”.*

*** All required information must be recorded on the form **before** the client signs it. It is illegal and unethical to have a client sign a consent form before it is completely filled out.*

Retain the original Authorization Form in the client’s chart and include the form when faxing a client's documents to the party/agency designated on the form.