

Consent for Disclosure of Substance Use Disorder Records for Treatment, Payment, and Health Care Operations

Federal law protects the confidentiality of substance use disorder records (“SUD Records”) related to your diagnosis, treatment, or referral for treatment. Your consent is voluntary. When you agree to and sign this consent form, Kaiser Permanente may share your SUD Records for the purposes of treatment, payment, and health care operations until you take back your consent.

You can read more details about other reasons why Kaiser Permanente may use or share your SUD Records with or without your consent in the Kaiser Permanente Notice of Privacy Practices [<https://healthy.kaiserpermanente.org/southern-california/privacy-practices>]. If you have questions or concerns about what this consent form means, please ask your therapist or staff member for more information.

Definitions

“Kaiser Permanente” means Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, the Permanente Medical Groups, and each of their subsidiaries, including those that operate and administer the Part 2 Program.

“SUD Records” means any individually identifiable information about you that is created by, received or acquired by a Kaiser Permanente Part 2 Program, as defined in 42 C.F.R. Section 2.11, and relates to the diagnosis, treatment, or referral for treatment for a substance use disorder.

Why we’re requesting your consent

Kaiser Permanente’s Part 2 Programs (the “Part 2 Programs”) are required by federal law to have your signed consent before releasing your SUD Records to persons outside of a Part 2 Program in most circumstances. Exceptions where Kaiser Permanente might need to share your information without your specific consent include:

- If you are experiencing a medical emergency
- If we suspect you have suffered abuse or neglect
- If we have received a court order to release your SUD Records

About this consent form

You can use this form to either agree or refuse to consent to the release of your SUD Records from Kaiser Permanente’s Part 2 Program for treatment, payment, and health care purposes. This consent would apply to sharing your SUD Records to bill your health plan for SUD-related care that’s provided to you, to help coordinate your care and case management, and for Kaiser Permanente’s quality assurance or patient safety monitoring, and regulatory compliance activities.

Sharing your SUD Records

Your SUD Records may be shared with others by Kaiser Permanente (as defined above) for purposes of treatment, payment, and health care operations according to HIPAA privacy rules at

45 C.F.R. Parts 160 and 164. If a recipient of your SUD Records is a covered entity or business associate as defined in those HIPAA privacy rules, those recipients are permitted to use and redisclose/share such information for treatment, payment, and health care operations, too. SUD Records redisclosed/shared in this way may no longer be protected by 42 C.F.R. Part 2.

Your signed consent

By signing this consent form, you agree that Kaiser Permanente can rely on this single consent to allow all future uses and disclosures by the Part 2 Programs for treatment, payment, or health care operations purposes. These purposes allow for sharing your SUD Records to your treating providers, health plans, third-party payers, and others who help operate our Part 2 Programs.

Disclosures excluded from the scope of this consent

Federal law explicitly prohibits your SUD Records from being used or disclosed/shared by Kaiser Permanente (as defined above) for civil, criminal, or administrative proceedings against you, except in cases where you give written consent to share them or a court order requires it.

Refusal of consent to release your SUD Records

If you refuse to sign this consent, it may make it more difficult for us to coordinate your care with other health care providers and obtain payment for the care provided. It may also negatively impact your patient experience because limiting how we share your SUD Records can result in incomplete or inaccurate information to be shared with other health care providers, health plans, or third-party payers. We may also need to refer you to a provider outside of Kaiser Permanente's Part 2 Programs to get SUD treatment services.

Taking back or Revoking your consent

You have the right to take back this consent at any time. If you choose to take back your consent, you or your personal representative must submit a request in writing to the local ROI department.

After we receive your Revocation of Authorization form, Kaiser Permanente can no longer disclose or share any SUD Records for treatment, payment or health care operations unless an exception applies (e.g., a medical emergency), if a law or a court requires Kaiser Permanente to share certain information that is part of your SUD Records, or if you have otherwise provided your written consent to use or disclose/share your SUD Records for a specific purpose. Please note that Kaiser Permanente can't retrieve or reverse disclosures of SUD Records that happened while we had your signed consent. If you take back your consent, we may also need to refer you to a provider outside of Kaiser Permanente's Part 2 Programs to get SUD treatment services.

Time length and expiration of consent

Your consent will remain active as long as Kaiser Permanente maintains your SUD Records or until you take back your consent, except where state law limits how long your consent is valid.

Name _____

MRN # _____

REPORTING AGENCY

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

MEDICAL FINANCIAL ASSISTANCE

You may be eligible for Medical Financial Assistance (MFA) to help pay your Kaiser Permanente medical bills. We'll verify your income to see if you qualify for an MFA award or other federal, state, and private program. If you don't provide proof of your income, Kaiser Permanente will use information from other sources. We'll find out if you're eligible for help before we transfer any unpaid medical bills to collections. If you're eligible for a Kaiser Permanente MFA award, you'll get a letter to let you know. Being in the MFA program is optional. If you'd like to opt out, call us at 1-800-390-3507 (TTY 711). If you opt out, you'll need to pay your outstanding balance.

[CONSENT TO RELEASE YOUR SUD MEDICAL INFORMATION](#)

[REFUSAL TO CONSENT TO RELEASE SUD MEDICAL INFORMATION](#)

Name _____

MRN # _____

CONSENT TO RELEASE YOUR SUD MEDICAL INFORMATION

By signing your name in the space below, you acknowledge and agree that you have read and understand this document, and that you're providing a single consent for all future uses and disclosures of your SUD Records by Kaiser Permanente to your treating providers, health plans, third-party payers, and people helping to operate Kaiser Permanente's Part 2 Programs, for the purposes of treatment, payment, and health care operations as described above.

If this consent form is signed by a Parent/Guardian or Personal Representative, then print the name of the Parent/Guardian or Personal Representative and the relationship to the patient. *(Note: If the person receiving care is a minor, then a parent or legal guardian acknowledges having read and understood this document and authorizes such release. Both the minor and the parent/legal guardian must sign below. Under certain circumstances, minors may consent to treatment and authorize the release of information regarding their treatment themselves without parental permission, in which case only the minor must sign below.)*¹

Patient's Name (print)	Signature	Date
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Name of Patient's Parent/Guardian (print) (where required)	Signature	Date
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Name of Person authorized by law to sign on behalf of Patient (print) (where required)	Signature	Date
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¹ "See, [Cal. Fam. Code § 6929 \(West\)](#), (b) A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug-or alcohol-related problem. (c) The treatment plan of a minor authorized by this section shall include the involvement of the minor's parent or guardian, if appropriate, as determined by the professional person or treatment facility treating the minor.

Name _____

MRN # _____

REFUSAL TO CONSENT TO RELEASE SUD MEDICAL INFORMATION

I DO NOT AUTHORIZE Kaiser Permanente to disclose or share all or any portion of my SUD Records to my treating providers, health plans, third-party payers, and people helping to operate Kaiser Permanente's Part 2 Programs for all future uses and disclosures for treatment, payment, and health care operations. I understand that this refusal will not impact any uses or disclosures that Kaiser Permanente is permitted or required to make without my consent pursuant to applicable law, as described in the Notice of Privacy Practices, or its ability to use or disclose/share my information pursuant to my consent in a separate, specific authorization or consent form.

(Note: If the person receiving care is a minor, then a parent or legal guardian acknowledges having read and understood this document and refuses to authorize such release. Both the minor and the parent/legal guardian must sign below. Under certain circumstances, minors may consent to treatment and payment or to refuse treatment themselves without parental permission, in which case only the minor must sign below.)²

Patient's Name (print)	Signature	Date
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Name of Patient's Parent/Guardian (print) (where required)	Signature	Date
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Name of Person authorized by law to sign on behalf of Patient (print) (where required)	Signature	Date
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² "See, [Cal. Fam. Code § 6929 \(West\)](#), (b) A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug-or alcohol-related problem. (c) The treatment plan of a minor authorized by this section shall include the involvement of the minor's parent or guardian, if appropriate, as determined by the professional person or treatment facility treating the minor.