

**AUTHORIZATION OF DISCLOSURE OF CONFIDENTIAL SUBSTANCE USE
DISORDER (SUD) RECORD INFORMATION**I, _____
*Member's Name*Authorize the Department of Economic Security /Division of Developmental Disabilities to disclose **substance use
disorder treatment record information**

Start Date: _____ to End Date _____

To: _____
Name of the individual(s) or entity(ies) who will receive the information

For the purpose of

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically in one year.

Date, event, or condition upon which consent will expire*(Must be no longer than reasonably necessary to serve the purpose of this consent):*

I understand that my services may be delayed if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations if permitted by state law. I will not be denied services if I refuse to consent to disclosure for other purposes.

Date: _____ Member Signature: _____

Signature of the person signing the form if not the member: _____

Date Revoked: _____

NOTICE OF PROHIBITION ON RE-DISCLOSURE OF PART 2 RECORDS

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

42 CFR 2.32 (Updated July 2020); see Confidentiality of Substance Use Disorder Patient Records, 85 Fed. Reg. 42986, 43037 (July 15, 2020), <https://www.federalregister.gov/d/2020-14675/p-644>.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.