

EXHIBIT 13. CONFIDENTIALITY PACKET

This Confidentiality Packet consists of the following items:

Rules for Obtaining Client Consent to Disclose Treatment Information

This is a one-page summary of the regulations regarding client consent forms. It includes a brief description of each of the elements that must be included by law in consent forms designed to disclose addiction treatment information.

Patient Consent for the Release of Confidential Information

This is a blank sample consent form that meets all the legal requirements established by the Federal confidentiality law and the Code of Federal Regulations. It can be printed and used in official client records.

Multiparty Consent Form

This is a blank sample consent form that can be used to permit communication among multiple parties, such as addiction treatment and TANF professionals.

Prohibition on Redisclosure of Information Concerning Client in Alcohol or Drug Abuse Treatment

This is the text for a notice that redisclosure is prohibited without further authorization. It should be included whenever treatment information is conveyed from one party to another.

Rules for Obtaining Client Consent to Disclose Treatment Information

The Federal Confidentiality Law and Regulations

The Federal confidentiality law is codified as 42 U.S.C. §290dd-2. The implementing Federal regulations, “Confidentiality of Alcohol and Drug Abuse Patient Records,” are contained in 42 Code of Federal Regulations (CFR), Part 2.

The Rules of Disclosure

The law and regulations state that most disclosures are permissible if a client has signed a valid consent form that has not expired or been revoked. However, no information obtained from a provider—even with the client’s consent—may be used in a criminal investigation or prosecution of a client unless a court order also has been issued in accordance with the law.

A proper consent form must be in writing and must contain each of these items:

- The name or general description of the program(s) making the disclosure
- The name or title of the individual or organization that will receive the disclosure
- The name of the client who is the subject of the disclosure
- The purpose or need for the disclosure
- How much and what kind of information will be disclosed
- A statement that the client may revoke (take back) the consent at any time, except to the extent that the program has already acted on it
- The date, event, or condition upon which the consent will expire if not previously revoked
- The signature of the client (and, in some States, that of her parent)
- The date on which the consent is signed.

A general medical release form or any consent form that does not contain all of the elements listed above is not acceptable.

Patient Consent for the Release of Confidential Information

I, _____
(name of patient)

authorize _____
(name of program making disclosure)

to disclose to _____

(name of person or organization to which disclosure is to be made)

the following information:

(nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to:

(as specific as possible)

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent at any time unless to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows:

(specification of the date, event, or condition upon which this consent expires)

(signature of participant) _____ *(date)*

(signature of parent, guardian, or authorized representative, when required) _____ *(date)*

Multiparty Consent Form

I, _____
(name of patient)

authorize _____

(name or general designation of program making disclosure)

to disclose to *(the following persons or organizations)*:

1. _____
2. _____
3. _____

The purpose of the disclosure authorized herein is to:

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent at any time unless to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows:

(specification of the date, event, or condition upon which this consent expires)

(signature of participant) _____ *(date)*

(signature of parent, guardian, or authorized representative, when required) _____ *(date)*

**Prohibition on Redisclosure of Information
Concerning Client in Alcohol or Drug Abuse Treatment**

Whenever a disclosure is made with the patient's written consent, the treatment program making the disclosure must include with the information conveyed a notice that redisclosure is prohibited without further authorization. Such a notice is presented in the text box below and on the next page. The prohibition does not apply to sharing the information with others within the welfare agency who are included as recipients on the consent form. *We have duplicated the text box on the following page since it can be printed out and included with all written disclosures that you may send.*

**Prohibition on Redisclosure of Information
Concerning Client in Alcohol or Drug Abuse Treatment**

This Information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is *not* sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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