

Instructions for Completing the SCCP Consent For Release For Confidential Information

These are some guidelines for helping a client give informed consent for the release of confidential information. This means that the following things must be explained so the client understands why and how the consent is completed.

Review Intention of the Consent

The reason a client gives written permission to all the people at the SCCP meetings is so they can talk about the services and treatment the client is receiving. Having this permission allows the client to work with the SCCP team to have services and treatment coordinated, and have the client's goals met.

Federal law protects alcohol and drug treatment information more than any other information. This is so people feel free to talk about their alcohol or drug problems and treatment without fear that the information will go to anyone without their permission.

How To Complete Each Section of the Form

Section 1:

I, _____ authorize the following <i>(Name of Client)</i> members of the Single Coordinated Care Plan team:

Have client or the recovery support coordinator (RSC) print name on the blank. Explain that the phrase, "authorize the following members of the SCCP team" means that the client gives permission to all the people at the meeting to share information with each other about the things she/he will check off in Section 4.

Section 2:

(1)	_____
	<i>(Alcohol and drug treatment program)</i>
	AND
(2)	_____
	AND
(3)	_____
	AND
(4)	_____
	AND
(5)	_____
	to communicate with and disclose to one another, and I also authorize

Inform client that this is where all the names of agencies/organizations of people on the SCCP team will be printed. This may be a good time to let the client know that this does not cover family members or friends. We will take some measures to try to protect information with their support people but there are no laws that protect them here. We can assure clients we will keep

their name off SCCP, state all information is confidential at beginning and end of meetings, and give a confidentiality statement to informal support people.

“to communicate and disclose to one another” means they can exchange information about the client’s care during the meeting and afterwards for as long as the consent is in effect.

Section 3

to communicate with and disclose to one another, and I also authorize	
(1) _____	to redisclose to
<i>(Name of party to whom redisclosure is made who is not part of the SCCP team)</i>	
AND	
(2) _____	to redisclose to
<i>(Name of party to whom redisclosure is made who is not part of the SCCP team)</i>	

This is the “redisclosure” section. Redisclosure happens when a member of the team wants to share the information about the client with someone who was not at the meeting. For example, a child welfare worker at the meeting may want to give some information to someone in corrections who is not at the meeting. The client has to agree to put that permission in this written consent by completing this section.

Redisclosure also occurs when a member of the team needs the client’s written permission to take information learned at the SCCP meeting and enter it into a computer system where people in other divisions of an agency may be able to find and read the information. For example, a child welfare worker may enter information learned at the SCCP meeting about the client into Child Welfare’s computer system. Others from Foster Care or Adoptions may be able to look for and read the information. Again, the client has to agree to put permission in this written consent by completing this section before the information can be put into the computer system.

Section 4

the following information:	
<i>[*Initial each category that applies]</i>	
_____ My name and other identifying information;	_____ Initial screening;
_____ That I am a client in alcohol and/or drug treatment;	_____ Date of admission;
_____ Assessment results and treatment history	_____ Attendance;
_____ Summary of treatment plan, progress and compliance;	_____ Urinalysis results;
_____ Date of discharge and discharge status;	_____ Other:
_____ Discharge plan;	

This is the actual information that the client allows the team to discuss. This information is related to alcohol and drug problems and treatment. Each phrase is defined below when the RSC is helping the client decide what information is necessary to meet the SCCP goals.

My name and other identifying information	Name, birth date, phone number, single, married This does not mean personal, social, or medical history or present problems
That I am a client in alcohol and/or drug treatment	Indicates whether or not client is in treatment at this time
Assessment results and treatment history	Information from the assessment done at entrance into an alcohol and drug treatment program. Can include past treatment history and social, medical, or mental health history if this is part of the assessment.
Summary of treatment plan, progress and compliance	Can include goals, ways client is trying to meet the goals, how the client is doing in the program and following through on plans and recommendations.
Date of discharge and discharge status	In addition to the date, may include whether treatment was completed or if the client left the program before it was completed.
Discharge plan	May list recommendations for continuing care, a relapse prevention plan.
Initial screening	Incorporates assessment, medical history, referrals to other services (dietitian, mental health, MD), identifying what client wants to accomplish in treatment, ASAM determination of LOC.
Date of admission	Admission to the current alcohol and drug treatment program.
Attendance	A record of client's attendance of scheduled treatment sessions and recommended support groups
Urinalysis results	Results of any UA's done in the current treatment program.
Other	Need to indicate specific information needed here

Section 5

The purpose of these disclosures is to: _____
<i>(Purpose of disclosure as specific as possible)</i>

This section is completed with the reasons the SCCP team needs to share information. Purposes should be limited to what the whole team needs to discuss specific to the SCCP. If individual agencies need to exchange information just between them, they will continue to use their own consents with their specific purposes.

These are some examples and guidelines for listing purposes:

- Assist client in developing a Single Coordinated Care Plan (SCCP). *(OK for first meeting only)*
- To help meet goals of the SCCP and attach the goals *(Not OK to attach anything to the release; OK to list the goals on the form that apply to the SCCP)*

- Comply with court order conditions (*Too general. Need to list the conditions: Provide a safe, suitable home; attend parenting classes, etc.*)
- To help meet goals of W2 employability plan (*Need to list these as well*)
- Assist with having children returned (*Need to be more specific as above*)

Section 6

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws. I understand I have the right to inspect and receive a copy of the material disclosed under Wis. Adm. Code section HFS 92.05 and 92.06 (pursuant to HFS 92.03(3)(d)). I also understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically as follows:

There are several parts to this statement that the client needs to understand:

A client must give written consent in order for members of the SCCP team to discuss AODA information. This is what this form does, provides written consent when the client signs it.

Redisclosure or sharing information with people who are not on the team is prohibited without the client's written consent. A team member at the meetings cannot give any AODA treatment information to anyone who is not listed on the consent, with a few exceptions.

- The client can identify other people to whom specific information can be released and includes their names on the consent form.
- Team members can disclose information within their specific department if it is necessary to the client's care. However, if they are in a large agency and have contracts with private agencies or there are other sub-departments who have no need for this information, legally they are not to redisclose verbally or through databases.

“Revoke this consent” means that the client must write a statement stating he/she revokes an individual item or the entire consent, then sign and date it. This may be done right on the consent form. The date is important so information already disclosed about an item is covered. Consent may not be revoked for information already disclosed.

The last part is the expiration date. This must be completed with a date or condition (end of AODA treatment).

Section 7

Dated: _____

Signature of Client

Client must sign and date the form. Witnesses to the signature are not necessary.

INITIAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize the following members of
(Name of Client)
the Single Coordinated Care Plan (SCCP) team:

- (1) _____
(Alcohol and drug treatment program)
- AND
- (2) _____
- AND
- (3) _____
- AND
- (4) _____
- AND
- (5) _____

to communicate with and disclose to one another, and I also authorize

- (1) _____ to redisclose to
_____ who is not part of the SCCP team,
(Name of party to whom redisclosure is made)
- AND
- (2) _____ to redisclose to
_____ who is not part of the SCCP team,
(Name of party to whom redisclosure is made)

the following information:

*[*Initial each category that applies]*

_____ My name and other identifying information	_____ Initial screening
_____ That I am a client in alcohol and/or drug treatment	_____ Date of admission
_____ Assessment results and treatment history	_____ Attendance
_____ Summary of treatment plan, progress and compliance	_____ Urinalysis results
_____ Date of discharge and discharge status	_____ Other: (Specify) _____
_____ Discharge plan	_____

The purpose of these disclosures is to: Assist me in developing a Single Coordinated Care Plan (SCCP)

(Purpose of disclosure as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws. I understand I have the right to inspect and receive a copy of the material disclosed under Wis. Adm. Code section HFS 92.05 and 92.06 (pursuant to HFS 92.03(3)(d)). I also understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration Date/Event/Condition

I understand that generally my treatment may not be conditioned on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated: _____

Signature of Client

FOLLOW UP CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize the following members of
(Name of Client)

the Single Coordinated Care Plan (SCCP) team:

- (1) _____
(Alcohol and drug treatment program)
AND
- (2) _____
AND
- (3) _____
AND
- (4) _____
AND
- (5) _____

to communicate with and disclose to one another, and I also authorize

(1) _____ to redisclose to

(Name of party to whom redisclosure is made) who is not part of the SCCP team,

AND

(2) _____ to redisclose to

(Name of party to whom redisclosure is made) who is not part of the SCCP team,

the following information:

*[*Initial each category that applies]*

- | | |
|-----------------------------------------------------------|------------------------------|
| _____ My name and other identifying information | _____ Initial screening |
| _____ That I am a client in alcohol and/or drug treatment | _____ Date of admission |
| _____ Assessment results and treatment history | _____ Attendance |
| _____ Summary of treatment plan, progress and compliance | _____ Urinalysis results |
| _____ Date of discharge and discharge status | _____ Other: (Specify) _____ |
| _____ Discharge plan | |

The purpose of these disclosures is to: _____

(Purpose of disclosure as specific possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If the information is redisclosed, the recipient of the redisclosed information may be controlled by different laws. I understand I have the right to inspect and receive a copy of the material disclosed under Wis. Adm. Code section HFS 92.05 and 92.06 (pursuant to HFS 92.03(3)(d)). I also understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration Date, Event or Condition

I understand that generally my treatment may not be conditioned on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated: _____

Signature of Client