

POLICY TITLE:	RELEASE OF INFORMATION	POLICY # 12.3		
Topic Area:	SUBSTANCE USE DISORDER		REVIEW DATES	
Applies to:	Entity Staff, CMHSP and Provider Network	ISSUED BY: Chief Executive Officer	12/16/21	5/8/2023
Review Cycle:	Annually	APPROVED BY: Board of Directors		
Developed and				
Maintained by:	CEO and Designee			
Supersedes:	N/A	Effective Date: 12/19/2016	<b>Revised Date:</b> 5/8/2023	

#### I. PURPOSE

The Entity and its Provider Network will ensure that all information pertaining to recipients is kept confidential, subject to the limitations and conditions within 42 CFR Part 2.

#### **II. POLICY**

It is the policy of the Lakeshore Regional Entity (Entity) to protect the confidentiality of alcohol and drug abuse recipient records maintained by a substance use disorder (SUD) program. These records are protected by federal law and regulations. Disclosure, which includes any information about a person receiving SUD services, including that they are a recipient of such services, may be made only under the following circumstances:

- A. The recipient, or legal guardian if the recipient is deemed incompetent, has signed a written consent. The consent must be signed voluntarily and contain the following:
  - 1. Be completed on the required MDHHS 5515 Consent to Share Behavioral Health Information form;
  - 2. Date, event or condition which the consent will expire if not revoked before;
  - 3. Statement that consent can be withdrawn/revoked at any time;
  - 4. Name of person or general designation of the program(s) permitted to make the disclosure;
  - 5. Name or title of individual or organization to which disclosure is to be made;
  - 6. Name of the recipient;
  - 7. Purpose of the disclosure including how much and what kind of information to be disclosed;
  - 8. Signature of recipient and/or person authorized to give consent. A minor must sign the consent;
  - 9. Date on which the consent is signed;
  - 10. A no re-disclosure statement shall be made upon the confidential information release.
- B. The disclosure is authorized by an appropriate court order granted after application showing good cause. In assessing good cause, the court shall weigh the public interest

and the need for disclosure against the injury to the patient, to the physician-patient relationship, and the treatment services. The court shall determine the extent of any disclosure (all or part of the record) and shall ensure appropriate safeguards against unauthorized disclosure.

- C. The disclosure is made to medical personnel in a bona fide medical emergency.
- D. The disclosure is made to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation and the information has been de-identified.
- E. A crime or a threat of a crime may be reported to the appropriate authorities in accordance with Federal regulations. The name of the individual, the last known whereabouts, and the details of the crime may be reported.
- F. Suspected child abuse or neglect may be reported under state laws to appropriate state or local authorities.

# **III. APPLICABILITY AND RESPONSIBILITY**

This policy applies to the Entity, CMHSPs, and Network Providers.

# **IV. MONITORING AND REVIEW**

This policy will be maintained by the CEO and designee and reviewed on an annual basis.

## **V. DEFINITIONS**

N/A

#### VI. RELATED POLICIES AND PROCEDURES N/A

## VII. REFERENCES/LEGAL AUTHORITY

- A. 42 CFR Part 2
- B. MDDHS/PIHP Master Contract: General Requirements N:8 MDHHS Standard Consent Form

## **VIII. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
12/19/2016	New Policy	Chief Executive Officer
12/16/2021	Updated Language	CEO and Designee
5/9/2023	Update Release of	CEO and Designee
	Information and References	