

Policy 12.3

POLICY TITLE:	RELEASE OF INFORMATION	POLICY # 12.3		
Topic Area:	SUBSTANCE USE DISORDER	ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors	REVIEW DATES	
Applies to:	LRE Staff, CMHSP and Provider Network		12/16/21	5/8/2023
Review Cycle:	Annually			
Developed and Maintained by:	CEO and Designee			
Supersedes:	N/A			
		Effective Date: 12/19/2016	Revised Date: 3/10/2026	

I. PURPOSE

Lakeshore Regional Entity (LRE) and its Provider Network will ensure that all information pertaining to persons receiving of substance use disorder services (SUD) is kept confidential, subject to the limitations and conditions within 42 CFR Part 2.

II. POLICY

It is the policy of Lakeshore Regional Entity to protect the confidentiality of persons' protected health information (PHI) 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 receiving such services, may be made only under the following circumstances:

- A. The person receiving services, or legal guardian, if the consumer is deemed incompetent, has signed a written consent for use of their PHI in completing treatment, payment, and/or operations (TPO) within the following parameters:
 1. Consent must be completed on the required MDHHS 5515 Consent to Share Behavioral Health Information form, including section 2.
 2. Consent may be completed one time for all subsequent uses of PHI for TPO purposes during the episode of care.
 3. Consent must be voluntary and signed by the person served and person authorized to give consent (if different from the person served).

- B. The person receiving services, or legal guardian, if the consumer is deemed incompetent, has signed a written consent for any disclosures beyond treatment, payment, and/or operations. 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 after 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 Statement that consent can be withdrawn/revoked at any time;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 person served;
 7. Purpose of the disclosure, including how much and what kind of information is to be disclosed;
 8. Signature of person served and person authorized to give consent (if different from the consumer).
 9. Date on which the consent is signed;
 10. A no re-disclosure statement shall be made upon the confidential information release.
- C. 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.
- D. The disclosure is made to medical personnel in a bona fide medical emergency.
- E. 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.
- F. 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.
- G. 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 LRE, 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. MDHHS/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 Information and References	CEO and Designee
3/10/2026	Addition of policy standards related to consent for TPO purposes	Compliance/Privacy Officer