



CONSENT TO SHARE SUD RECORDS

The NHBP Health and Human Services (HHS) Department is an *integrated care system with a high level of collaboration and communication between **treating providers.

I, _____, voluntarily authorize the NHBP HHS Behavioral Health Unit
[Patient's name]

to access, use and share information about my care or the care of the patient for whom I am the parent or legal guardian; with other treating providers within the HHS Department integrated care system. This access will be for the purpose of treatment including collaboration of care, payment and other health care operations.

Records disclosed pursuant to this consent will be accompanied by a notice prohibiting re-disclosure.

I understand that ***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.

This authorization will expire at the end of my Behavioral Health treatment, unless revoked prior to end of treatment.

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, or if permitted by law.

I understand that signing this form is voluntary but required in order to receive the full services provided by NHBP.

I have been informed that I may request a copy of this form.

Date

Signature of Patient

If not patient, describe authority to sign on behalf of patient

Signature of person signing if not patient

*** An Integrated care system** allows clients to receive different types of care from multiple providers who are connected in the same facility and or network and working together to meet the client's needs.

****A "treating provider relationship"** exists when a patient receives, agrees to receive, or is legally required to receive diagnosis, evaluation, treatment, or consultation, for any condition, from an individual or entity who undertakes or agrees to undertake that diagnosis, evaluation, treatment, or consultation. An in-person encounter is not required for a treating provider relationship to exist.

*****Substance use disorder** means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. Not including tobacco or caffeine use.