



42 CFR Part 2 Consent Requirements: Creating Electronic Consents

Friday, September 15, 2:00 to 3:30 ET

Housekeeping

- Webinar is being recorded and will be posted to SAMHSA's YouTube page
- All lines are muted—submit comments via chat
- Session will conclude with a Q&A session



Presenters


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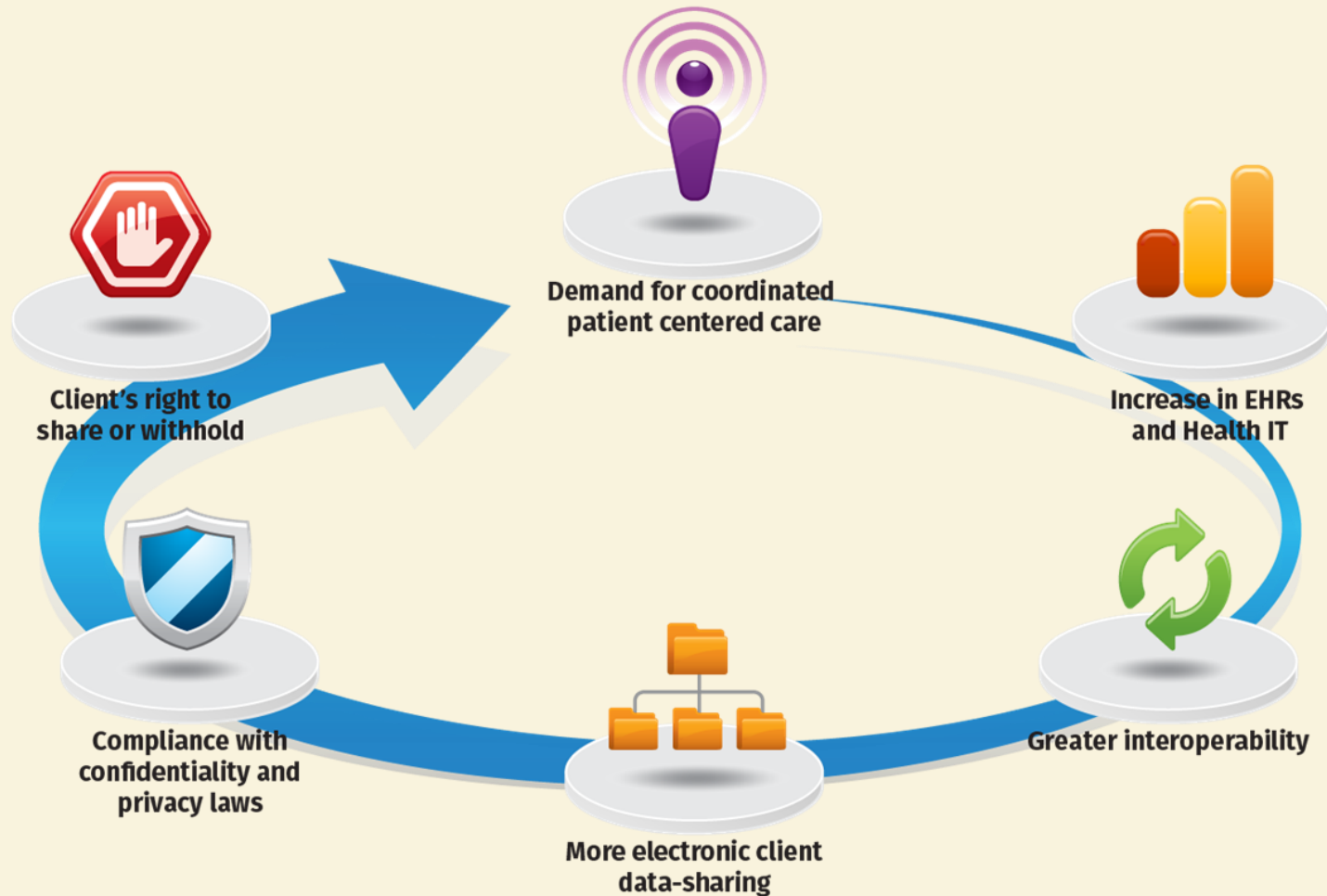


Focus of Today's Webinar



- Background on 42 CFR Part 2
- 42 CFR Part 2 consent requirements
- SAMHSA's Consent2Share to show examples how these requirements can be developed electronically
- Not a comprehensive training on 42 CFR Part 2
- Not comprehensive review of all Consent2Share features

The Current Health Care Environment



Need for Data Segmentation and Consent Management



42 CFR Part 2: Overview

42 CFR Part 2 regulates the disclosure and use of patient records by a federally-assisted program that holds itself out as providing substance use disorder treatment, diagnosis, and/or referrals to treatment (as defined in the Rule).



42 CFR Part 2 Origins: Legislation

- Stigma and fear of prosecution deterred treatment
- Intent: To ensure an individual's right to privacy and confidentiality
- Vanguard of personal privacy and the cornerstone of treatment programs



42 CFR Part 2 Origins: The Basics

Protects confidentiality of the identity, diagnosis, prognosis, or treatment of any patient records maintained in connection with the performance of any federally assisted program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation or research.





42 CFR Part 2 Origins: A Key Purpose

The purpose of 42 CFR Part 2 is to ensure that a patient receiving treatment for a substance use disorder in a Part 2 program is not made more vulnerable than an individual with a substance use disorder who does not seek treatment.




Programs Covered



- Programs conducted in whole or in part (directly or by contract) by any US department or agency
 - Programs carried out under a license, certification, registration, or other authorization granted by any US department or agency including Medicare providers and DEA licensed entities that provide SUD treatment
 - Programs supported by funds provided by any US department or agency as a recipient of federal financial assistance in any form
 - Programs conducted by a state or local government unit that receives federal funds that could be spent for SUD
 - Programs allowed federal income tax deductions for contributions to the program or granted federal tax exempt status by the IRS
- 

Consent Exclusions

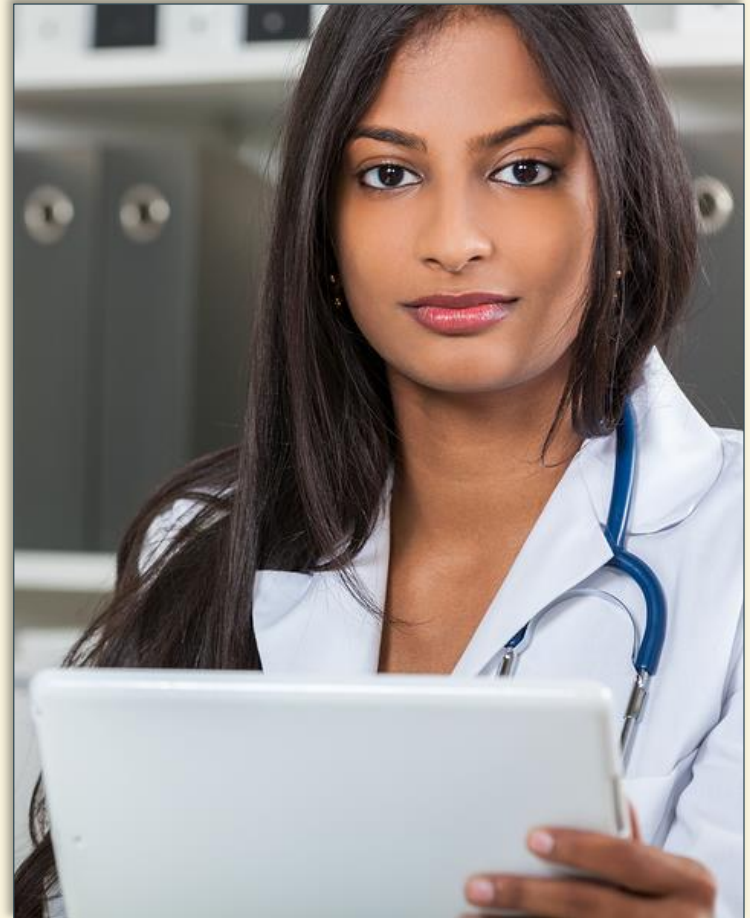


- Medical Emergency
 - Qualified Research
 - Audits and Evaluations
 - Court Orders for Disclosure
 - Direct Administrative Controls
 - Qualified Service Organizations (QSO)
 - Crime and Law Enforcement
 - Child Abuse/Neglect
 - Minors or Incompetent Patients
 - Cause of Death
- 

Changes Since Original 42 CFR Part 2

Law written in 1975 and updated in 1987. Since 1987:


- New models of integrated care
- Emphasis on information sharing to coordinate care
- Electronic infrastructure for information exchange and electronic health records
- Electronic devices to share data



42 CFR Part 2 Revisions and Final Rule

- Final Rule published in the Federal Register on 01/18/17
- Federal Register Revised Effective date: 03/21/2017
- Now in effect

<https://www.federalregister.gov/documents/2017/01/18/2017-00719/confidentiality-of-substance-use-disorder-patient-records>

 AUTHENTICATED US GOVERNMENT REGISTRATION CFO		
6052 Federal Register / Vol. 82, No. 11 / Wednesday, January 18, 2017 / Rules and Regulations		
<hr/>		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	e. Withdrawal Management	3. Documentation of Medical Emergency
	2. Existing Definitions	4. Other Comments on Medical Emergency
	a. Central Registry	N. Research (§ 2.52)
Office of the Secretary	b. Disclose or Disclosure	1. General
	c. Maintenance Treatment	2. Suggestions for Improvement of the
	d. Member Program	Research Provisions
42 CFR Part 2	e. Patient	3. HIPAA and HHS Common Rule
[SAMHSA-4162-20]	f. Patient Identifying Information	Requirements
	g. Person	4. Data Linkages
RIN 0930-AA21	h. Program	5. Multi-Payer Claims Database
	i. Qualified Service Organization	O. Audit and Evaluation (§ 2.53)
Confidentiality of Substance Use Disorder Patient Records	j. Records	P. Other Public Comments on the Proposed
	k. Treatment	Rule
	3. Terminology Changes	1. Requests to Extend the Public Comment
AGENCY: Substance Abuse and Mental Health Services Administration, HHS.	4. Other Comments on Definitions	Period
	E. Applicability (§ 2.12)	2. Rulemaking Process
ACTION: Final rule.	F. Confidentiality Restrictions and Safeguards (§ 2.13)	3. Implementation Timeline and Other
	1. Delayed Implementation of List of Disclosures Provision	Barriers to Implementation
	2. Responsibilities Under the List of Disclosures Process	4. Educational Opportunities
SUMMARY: The Department of Health and Human Services (HHS) is issuing this final rule to update and modernize the Confidentiality of Alcohol and Drug Abuse Patient Records regulations and facilitate information exchange within new health care models while addressing the legitimate privacy concerns of patients seeking treatment for a substance use disorder. These modifications also help clarify the regulations and reduce unnecessary burden.	3. Technological Challenges and Burden of the List of Disclosures Provision	5. Increased Enforcement
	4. Recommendations to Further Protect Patient Privacy	6. Other Miscellaneous Comments on the Proposed Rule
	5. Other Comments and Recommendations on the List of Disclosures Provision	VI. Rulemaking Analyses
	G. Security for Records (§ 2.16)	A. Paperwork Reduction Act
	H. Disposition of Records by Discontinued Programs (§ 2.19)	B. Regulatory Impact Analysis
	I. Notice to Patients of Federal Confidentiality Requirements (§ 2.22)	C. Regulatory Flexibility Act
		D. Unfunded Mandates Reform Act
		E. Federalism (Executive Order 13132)
		Acronyms
		ACO Accountable Care Organization
		ABAM American Board of Addiction

Revision: Modernize, Facilitate, & Protect

The final rule is intended to:

- *Modernize* the Part 2 rules
- *Facilitate electronic exchange* of substance use disorder information for treatment and other health care purposes
- *Ensure appropriate confidentiality protections* for records that might identify an individual, directly or indirectly, as having a substance use disorder.



42 CFR Part 2: Consent Requirements

- Generally requires patient consent for disclosures of protected health information for the purposes of treatment, payment, or health care operations
- Consent for disclosure must be in writing
- Re-disclosures without patient written consent are prohibited, except in certain circumstances or under certain exceptions as described by Part 2



42 CFR Part 2 Consent Requirements, Pg. 1

- Name of the entities making the disclosure (“*From*”)
- Name of the entities to receive the disclosure (“*To*”)
- Name of the *patient* who is the subject of the disclosure
- Specific *purpose or need* for the disclosure

SAMPLE CONSENT TO INDIVIDUAL RECIPIENT

42 CFR Part 2 and HIPAA
REMEMBER: Information disclosed pursuant to patient consent must be accompanied by the notice prohibiting redisclosure.

I, _____
[patient's name]

authorize _____
[name or general designation of individual or entity making the disclosure]

to disclose _____
[describe how much and what kind of information may be disclosed, including an explicit description of what substance use disorder information may be disclosed; as limited as possible]

to _____
[name of individual(s) who will receive the information]

for the purpose of _____
[describe the purpose of the disclosure; as specific as possible]

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and 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. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

[describe date, event, or condition upon which consent will expire, which must be no longer than reasonably necessary to serve the purpose of this consent]

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: _____

Signature of Patient


Signature of person signing form if not patient

Describe authority to sign on behalf of patient _____

Legal Action Center, August 2017

42 CFR Part 2 Consent Requirements, Pg. 2



- *How much and what type of information* to be disclosed
 - The patient's *right to revoke the consent* in writing and exceptions to the right to revoke
 - The program's *ability to condition treatment*, payment, enrollment, or eligibility of benefits on the patient
 - The *date, event, or condition* on which the consent expires
 - The *signature* of the patient (and/or other authorized person) (This may be signed on paper or via e-signature)
 - The *date* that the consent is signed
- 

Requirement: The “From Whom” Provider



From Whom Provider

Name of the entity making the disclosure

Must include the specific name(s) or the general designation(s) of the Part 2 program(s), entity(ies) or individual(s) permitted to make the disclosure.

Revisions: General Designation



Did not remove the *general designation* in the “From Whom” section of the consent form but did make terminology changes.

- ✓ The “From Whom” provision of the consent requirements specifies that a written consent to a disclosure of patient-identifying information *must* include the specific name(s) or general designation(s) of the Part 2 program(s), entity(s), or individual(s) permitted to make the disclosure.

Sally Uses the Authorization Page

I, Sally Mae Share, hereby authorize...

Select Providers

The following individual or organization

To disclose my information to

Medical Information

Select how you would like to share your medical information.

☐ SHARE my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

☐ SHARE my medical record **WITH EXCEPTION** of specific medical information categories.

Purpose Of Use

Choose for what purposes your medical information may be used.

SHARE my medical record **ONLY** for the selected purposes of use. [Edit](#)

☒ Treatment

Consent Terms

Enter a start and end date during with your medical records will be shared.

Start Date: End Date:

Sally Selects the “From Whom” Provider

I, Sally Share, hereby authorize...

Select Providers

The following individual or organization

Authorized to share preferences:

Please select individual(s) and/or organization(s) authorized to share and disclose your information.

Individual:

- ☐ Robert Clinician, DO
- ☐ Pamela Doctor, MD

Organizational:

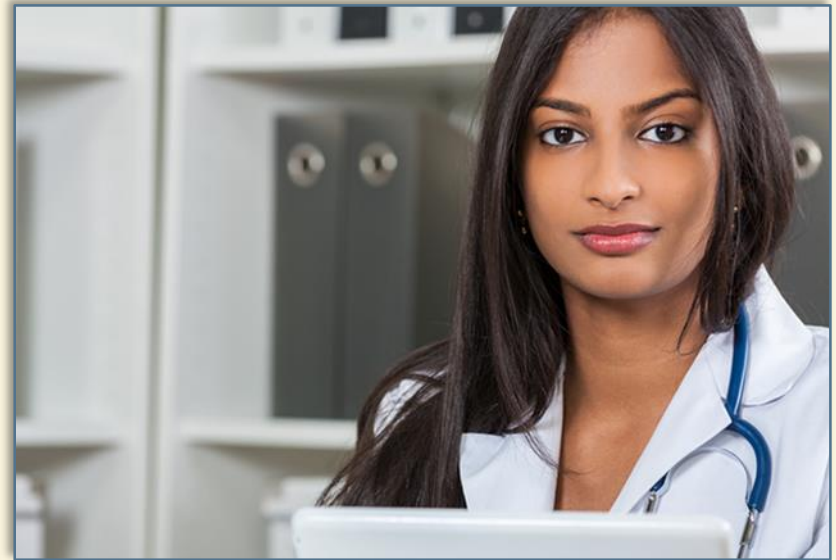
- ☐ Johns Hopkins Bay View
 - ☐ Apply authorized to share preferences to all associated providers and subsidiaries
- ☐ MedStar Health
 - ☐ Apply authorized to share preferences to all associated providers and subsidiaries

Cancel Add Selected

Requirement: The “To Whom” Provider

Name of the entities to receive the disclosure

The name(s) of the individual(s) or the name of the organization(s) to whom disclosure is to be made




To Whom Provider

Requirement: The “To Whom” Provider

Individual or Entity To Whom	Treating Relationship	Primary designation	Required Additional Designation
Individual	Yes	Name of individual(s) (e.g., Jane Doe, MD)	None
Individual	No	Name of individual(s) (e.g., John Doe)	None
Entity	Yes	Name of entity (e.g. Lakeview County Hospital)	None
Entity	No	Name of entity that is a third-party payer as specified under § 2.31(a)(4)(iii)(A) (e.g., Medicare)	None
Entity	No	Name of entity that is not covered by § 2.31(a)(4)(iii)(A) (e.g., HIE, or research institution)	<p>At least one of the following:</p> <ol style="list-style-type: none"> <u>The name(s) of an individual participant(s)</u> (e.g., Jane Doe, MD, or John Doe) <u>The name(s) of an entity participant(s) with a treating provider relationship</u> with the patient whose information is being disclosed (e.g., Lakeview County Hospital) <u>A general designation of an individual or entity participant(s) or a class of participants limited to those participants who have a treating provider relationship</u> with the patient whose information is being disclosed <p>Notes: Patient may choose all providers with a relationship; patient may designate further to include “past”, “current,” or “future” treating providers; patient may specific one or more individuals on health care team whom they do not have a treating provider relationship.</p>


Prohibition on Redisclosure



Each disclosure made with the patient's written consent must be accompanied by the following written statement:

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 information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.

Requirement: List of Entities



When using a general designation, a statement must be included on the consent form that the patient (or other individual authorized to sign in lieu of the patient), *confirms their understanding that, upon their request and consistent with this part, they must be provided a list of entities to which their information has been disclosed* pursuant to the general designation (see §2.13(d)).

Revisions: General Designation




Allows, in certain circumstances, a patient to include a *general designation* in the “To Whom” section of the consent form.

- ✓ Can be used for those providers who have a treating provider relationship with the patient
- ✓ Requires an explicit description of the “amount and kind” of substance use disorder treatment information
- ✓ Patients must be informed of their right to obtain a list of entities to whom their information has been disclosed
- ✓ The intermediary is responsible for complying with the List of Disclosures requirement
- ✓ General designation is an option and not a requirement

Requirement: All My Treating Providers



If you include a General Designation, you must include options for:

- ✓ Current treating providers
 - ✓ Past treating providers, and
 - ✓ Future treating providers.
- 

Sally Selects “To Whom” Provider

I, Sally Mae Share, hereby authorize...

Select Providers

The following individual or organization

To disclose my information to

Medical Information

Select how you would like to share your medical information.

☐ SHARE my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

☐ SHARE my medical record **WITH EXCEPTION** of specific medical information categories.

Purpose Of Use

Choose for what purposes your medical information may be used.

SHARE my medical record **ONLY** for the selected purposes of use. [Edit](#)

☒ Treatment

Consent Terms

Enter a start and end date during with your medical records will be shared.

Start Date: End Date:

Sally Selects the “To” Provider

I, Sally Share, hereby authorize...

Select Providers

Authorized to share preferences: [X]

Please select individual(s) and/or organization(s) **authorized to share and disclose** your information.

Individual:

- ☐ Robert Clinician, DO
- ☐ Pamela Doctor, MD

Organizational:

- ☐ Johns Hopkins Bay View
 - ☐ **Apply authorized to share preferences** to all associated providers and subsidiaries
- ☐ MedStar Health
 - ☐ **Apply authorized to share preferences** to all associated providers and subsidiaries


Cancel Add Selected

To disclose my information to

Requirement: The Patient Name



Name of the patient who is the subject of the disclosure

- Name of the patient
 - 42 CFR does not require it, but patients' names should be associated with a unique identifier number
 - Unique identifier numbers prevent misidentification of patients
 - Consent2Share assigns unique Medical Record Numbers
- 

Sally's Name Populates after Signin

The screenshot displays the 'consent2share' web application interface. At the top left, a user profile for 'Bob Provider' is shown. The top right contains the 'consent2share' logo, a language dropdown set to 'English', and a 'Menu' link. The main content area begins with the text 'I, Sally Mae Share, hereby authorize...'. Below this is a teal header for the 'Select Providers' section. A red arrow points to a text input field labeled 'Following individual or organization'. To the right of this field is a button labeled 'To disclose my information to'. The next section is 'Medical Information', which includes a heading and two radio button options: 'SHARE my medical record WITHOUT ANY EXCEPTION of medical information categories.' and 'SHARE my medical record WITH EXCEPTION of specific medical information categories.'. The 'Purpose Of Use' section follows, featuring a gear icon, a heading, and a text prompt 'Choose for what purposes your medical information may be used.'. It includes a label 'SHARE my medical record ONLY for the selected purposes of use.' with an 'Edit' button, and a checkbox labeled 'Treatment' which is currently checked. The final section is 'Consent Terms', with a clock icon, a heading, and a text prompt 'Enter a start and end date during with your medical records will be shared.'. It contains two date pickers: 'Start Date: 07/05/2017' and 'End Date: 07/05/2018'.

Bob Provider

consent2share English Menu

I, Sally Mae Share, hereby authorize...

Select Providers

Following individual or organization

To disclose my information to

Medical Information

Select how you would like to share your medical information.

☐ SHARE my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

☐ SHARE my medical record **WITH EXCEPTION** of specific medical information categories.

Purpose Of Use

Choose for what purposes your medical information may be used.

SHARE my medical record **ONLY** for the selected purposes of use. Edit

☒ Treatment

Consent Terms


Enter a start and end date during with your medical records will be shared.

Start Date: 07/05/2017 End Date: 07/05/2018

Requirement: Purpose of the Disclosure



Specific Purpose or Need for the Disclosure

- The purpose of the disclosure. In accordance with §2.13(a), the disclosure must be limited to that information which is necessary to carry out the stated purpose.
- 

Sally Selects Purpose of the Disclosure

The screenshot displays the 'consent2share' web interface for a user named Sally Share. The interface is divided into several sections: 'Select Providers', 'Medical Information', 'Purpose Of Use', and 'Consent Terms'. The 'Purpose Of Use' section is highlighted with a red arrow, indicating the current step in the process. This section allows the user to choose how their medical information can be used, with options for 'Treatment', 'Research', 'Public Health', and 'Other'. The 'Treatment' option is currently selected. The 'Consent Terms' section at the bottom allows the user to specify a start and end date for the disclosure, with the default dates being 08/17/2017 and 08/17/2018. The interface includes a 'Cancel' button and a 'Save' button at the bottom right.

Sally Share

consent2share English Menu

I, Sally Share, hereby authorize...

Select Providers

The following individual or organization

To disclose my information to

Medical Information

Select how you would like to share your medical information.

☐ SHARE my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

☐ SHARE my medical record **WITH EXCEPTION** of specific medical information categories.

Purpose Of Use

Choose for what purposes your medical information may be used.

SHARE my medical record **ONLY** for the selected purposes of use. Edit

☒ Treatment

Consent Terms

Enter a start and end date during which your medical records will be shared.

Start Date: 08/17/2017 End Date: 08/17/2018

Cancel Save

Sally Selects Purpose of the Disclosure

The image shows a user interface for managing medical information disclosure. The main panel, titled 'Purpose Of Use', has a teal header with a gear icon. Below the header, it says 'Choose for what purposes your medical information may be used.' and 'SHARE my medical record ONLY for the selected purposes of use.' with an 'Edit' button. A 'Treatment' option is shown with a checkmark. A red arrow points from this option to a modal window titled 'Share for selected purpose only'. The modal has a purple header and a blue sub-header 'Share my information only for specified purposes of use.'. It contains 'Select All' and 'Deselect All' buttons, and a list of purposes: 'Treatment' (checked), 'Healthcare Payment', and 'Healthcare Research'. Each purpose has an information icon. At the bottom of the modal are 'Cancel' and 'Save changes' buttons.

Purpose Of Use

Choose for what purposes your medical information may be used.

SHARE my medical record ONLY for the selected purposes of use. [Edit](#)

☒ Treatment

Share for selected purpose only ×

Share my information only for specified purposes of use.

[Select All](#) [Deselect All](#)

☒ Treatment ⓘ

☐ Healthcare Payment ⓘ

☐ Healthcare Research ⓘ

[Cancel](#) [Save changes](#)


Requirement: Amount and Kind

Amount and Kind of Information to be Disclosed

- How much and what kind of information is to be disclosed, including an explicit description of the substance use disorder information that may be disclosed.



Amount and Kind Examples

- 
- ☐ *All of my substance use disorder information*
 - ☐ *None of my substance use disorder information*
 - ☐ *Only my substance use disorder information specified below:*
 - ☐ *Medications & dosages*
 - ☐ *Diagnostic information (my diagnoses)*
 - ☐ *Lab test results*
 - ☐ *Allergies*
 - ☐ *Substance use history summaries*
 - ☐ *Trauma history summary*
 - ☐ *Employment information*
 - ☐ *Living situation & social supports*
 - ☐ *Claims/encounter data*
 - ☐ *Other* _____

Kind: Categories

Examples of Part 2 Categories

Diagnostic Information

Medications and Dosages

Lab Tests

Allergies

Substance Use History

Trauma History Summary

Clinical Notes

Discharge Summary


Employment Information

Living Situation and Social Supports

Claims/encounter Data

- Examples not requirements
- The Rule calls these categories
- The Rule allows such broad categories, free text, or granular choices based on standard architecture (e.g. C-CDA) or specific document type (e.g., Summary of Care record)
- Data domains may be linked to CDA templates, FHIR resources, or HL7 V2 messages that may be allowed or redacted from exchange

Sally Selects Medical Information to Share

 **Medical Information**

Select how you would like to share your medical information.

☐ **SHARE** my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

☐ **SHARE** my medical record **WITH EXCEPTION** of specific medical information categories.

Privacy Settings

Sensitive Information Categories

Select the medical information that you wish to share.

Federal Categories ⓘ

☒ Drug use information ⓘ

☒ Alcohol use and Alcoholism Information ⓘ

State Categories ⓘ


☐ HIV/AIDS information ⓘ

☐ Mental health information ⓘ


☐ Sexuality and reproductive health information ⓘ

☐ Communicable disease information ⓘ


Requirement: Consent Revocation



The Patient's Right to Revoke and Exceptions

- A statement that the consent is subject to revocation at any time except to the extent that the Part 2 program or other lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third-party payer
- 

Sally Reviews Revocation Statement

 Sally Share

consent2share English Menu

Revocation of Consent to Share My Health Information

Consent Reference Number: **KWJguzjRCS**

Patient Name: **Sally Share**

Patient DOB: **Feb 15, 1962**

I have previously signed a patient consent form allowing my providers to access my electronic health records through the Consent2Share system and now want to withdraw that consent. If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient.

By withdrawing my Consent, I understand that:

1. I Deny Consent for all Participants to access my electronic health information through Consent2Share for any purpose, EXCEPT in a medical emergency.
2. Health care provider and health insurers that I am enrolled with will no longer be able to access health information about me through Consent2Share, except in an emergency.
3. The Withdrawal of Consent will not affect the exchange of my health information while my Consent was in effect.
4. No Consent2Share participating provider will deny me medical care and my insurance eligibility will not be affected based on my Withdrawal of Consent.
5. If I wish to reinstate Consent, I may do so by signing and completing a new Patient Consent form and returning it to a participating provider or payer.
6. Revoking my Consent does not prevent my health care provider from submitting claims to my health insurer for reimbursement for services rendered to me in reliance on the Consent while it was in effect.
7. I understand that I will get a copy of this form after I sign it.


☒ I, Sally Share, hereby accept, and understand the terms of this consent.

Cancel Complete

Requirement: Expiration



The Date, Event, or Condition on which the Consent Expires

- The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is provided.
- 

Sally Selects Dates

The screenshot displays the 'consent2share' web application interface. At the top, the user 'Sally Share' is logged in. The main heading reads 'I, Sally Share, hereby authorize...'. Below this, there are three primary sections: 'Select Providers', 'Medical Information', and 'Purpose Of Use'. The 'Medical Information' section includes radio buttons for sharing medical records. The 'Purpose Of Use' section has a 'Treatment' button. A 'Consent Terms' modal is open, featuring a clock icon and the title 'Consent Terms'. The modal contains the instruction 'Enter a start and end date during with your medical records will be shared.' and two date selection fields: 'Start Date: 07/05/2017' and 'End Date: 07/05/2018'. At the bottom of the modal are 'Cancel' and 'Save' buttons. The background application shows the same 'Consent Terms' section with dates set to 08/17/2017 and 08/17/2018.

Sally Share

consent2share English Menu

I, Sally Share, hereby authorize...

Select Providers

Medical Information

Select how you would like to share

☐ SHARE my medical record W

☐ SHARE my medical record W

Purpose Of Use

Choose for what purposes your me

SHARE my medical record ONLY

Treatment


Consent Terms

Enter a start and end date during with your medical records will be shared.

Start Date: 07/05/2017 End Date: 07/05/2018

Cancel Save

Sally Reviews Disclosure Statement

 Sally Share

consent2share English Menu

Consent to Share My Medical Information

Consent Reference Number: KWJguzjRCS
Patient Name: Sally Share Patient DOB: Feb 15, 1962

AUTHORIZATION TO DISCLOSE

Authorizes:	To disclose to:
Provider Name: Midtown Medical Clinic	Provider Name: Uptown Medical Clinic
NPI Number: 1122334455	NPI Number: 5544332211
Phone: 3013098949	Phone: 2022773381
Address: 1234 Main Street, Baltimore, MD, 21201	Address: 2121 Weeping Willow Avenue, Towson, MD, 21022

HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:	To SHARE for the following purpose(s):
Drug use information	Treatment
HIV/AIDS information	

CONSENT TERMS

I, Sally Share, 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 permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

Effective Date: Aug 17, 2017 Expiration Date: Aug 17, 2018

☐ I, Sally Share, hereby accept, and understand the terms of this consent.

Cancel Complete

Requirement: Patient Signature

The Signature of the Patient

- The signature of the patient and, when required for a patient who is a minor, the signature of an individual authorized to give consent under §2.14; or, when required for a patient who is incompetent or deceased, the signature of an individual authorized to sign under §2.15. Electronic signatures are permitted to the extent that they are not prohibited by any applicable law.



Revision: eSignatures



The Rules now addresses both paper and electronic documentation.


- Electronic signatures (eSignatures) a permitted to the extent that they are not prohibited by any other applicable laws.



Sally Selects eSignature



Sally First Selects Attestation Box

 Sally Share

consent2share English Menu

Consent to Share My Medical Information

Consent Reference Number: **KWJguzjRCS**
Patient Name: **Sally Share** Patient DOB: **Feb 15, 1962**

AUTHORIZATION TO DISCLOSE

Authorizes:	To disclose to:
Provider Name: Midtown Medical Clinic	Provider Name: Uptown Medical Clinic
NPI Number: 1122334455	NPI Number: 5544332211
Phone: 3013098949	Phone: 2022773381
Address: 1234 Main Street, Baltimore, MD, 21201	Address: 2121 Weeping Willow Avenue, Towson, MD, 21022

HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:	To SHARE for the following purpose(s):
Drug use information	Treatment
HIV/AIDS Information	

CONSENT TERMS

I, Sally Share, 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 permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

Effective Date: **Aug 17, 2017** Expiration Date: **Aug 17, 2018**

☐ I, Sally Share, hereby accept, and understand the terms of this consent.

Cancel Complete

Sally Receives Success Notification






Requirement: Date Signed

The Date that the Consent is Signed

- The date on which the consent is signed



Sally Confirms Consent and Date

Authorized to share: SANAGA SERVICES AND CARE LLC	Sharing with: CAPITOL DIALYSIS, LLC	Effective Dates: Jun 28, 2017 - Jun 28, 2018
Consent State:  SIGNED		 Manage Consents
Authorized to share: CAPITOL DIALYSIS, LLC	Sharing with: SANAGA SERVICES AND CARE LLC	Effective Dates: Jun 26, 2017 - Jun 26, 2018
Consent State:  SIGNED		Manage Consents

Consent to Share My Health Information

Consent Reference Number: ns3x6I6Y6E

Patient Name: Sally Share

Patient DOB: Feb 15, 1962

AUTHORIZATION TO DISCLOSE

Authorizes:

Provider Name	NPI Number	Address	Phone
SANAGA SERVICES AND CARE LLC	1023132966	1943 BENNETT PL NE, WASHINGTON, DC, 200024113	2023418888

To disclose to:

Provider Name	NPI Number	Address	Phone
CAPITOL DIALYSIS, LLC	1083722763	140 Q ST NE, SUITE 100, WASHINGTON, DC, 200022101	2026369411

HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:

Sensitivity Categories:

- Drug use information
- Alcohol use and Alcoholism Information
- HIV/AIDS information
- Communicable disease information
- Mental health information
- Sexuality and reproductive health information

To SHARE for the following purpose(s):

- Treatment

CONSENT TERMS

I, Sally Share, 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 permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

Effective Date: Aug 23, 2017 Expiration Date: Aug 23, 2018

Signed by: Sally Share

Email: sallyshare@mailinator.com

Signed on: Aug 23, 2017

Privacy and & Best Care: Final Thoughts



42 CFR Part 2 and other regulations provide ground rules.

How these rules are applied to ensure privacy *and* the best care requires careful analysis and monitoring.

- Who needs what information and when?
- Who determines who needs what information and when?
- What are the consequences and outcomes?
- Comply with all applicable laws:
 - ✓ Other parts of 42 CFR Part 2 such as security, etc.
 - ✓ Your State laws
 - ✓ HIPAA
 - ✓ Etc.

Federal Government Resources

- eCFR Current (Revised) 42 CFR Part2
<http://www.ecfr.gov/cgi-bin/text-idx?node=pt42.1.2>
- Federal Register—Regulation Changes Text
<https://www.federalregister.gov/documents/2017/01/18/2017-00719/confidentiality-of-substance-use-disorder-patient-records>
- SAMHSA—Announcement with Change Summary
<https://www.samhsa.gov/newsroom/press-announcements/201701131200>
- SAMHSA—2016 Webinar Introducing the Proposed Rule/NPRM
https://www.samhsa.gov/sites/default/files/topics/health_info_tech/42-cfr-part-2-proposed-rule-webinar-slides.pdf
- SAMHSA—General Part2 FAQs
<https://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs>
- SAMHSA—Part2 FAQs for HIE
<https://www.samhsa.gov/sites/default/files/faqs-applying-confidentiality-regulations-to-hie.pdf>
- SAMHSA—Comparison of Part2 and CFR 2004
<http://archive.samhsa.gov/HealthPrivacy/docs/SAMHSAPart2-HIPAAComparison2004.pdf>

Consent2Share Resources

Consent2Share on GitHub

<https://bhits-dev.github.io/consent2share/index.html>

Consent2Share Home Technical Documentation Use Cases Financial Contact Us GitHub Docker Hub

Welcome to Consent2Share (C2S) on GitHub!

Announcements & News!

Current Release (Version 3.3.0)

Recent News!

SAMHSA releases Version 3.3.0 on GitHub!

New to Consent2Share?

Consent2Share is an open source software application that allows patients to determine, through an online consent process, which health information they would like to share and not share with their primary and specialty health care providers.

- Developed to meet the need for patients to have meaningful choices to share their protected behavioral healthcare information
- Integrates with existing electronic health record (EHR) and health information exchange (HIE) systems using interoperability standards
- Supports federal and state requirements related to protected health information, such as 42 CFR Part 2
- Puts control of health information exchange in the hands the person who has the right to decide who has access to his or her data: the patient.

Terminology

A glossary of acronyms, terms, and their definitions that are used frequently in the Consent2Share application project.

Security and Privacy

Information regarding security measures used while implementing the Consent2Share application.

Implementer Support

Important technical information that supports the implementation of the Consent2Share application.

Documentation

Technical and non-technical documentation for users who wish to implement the Consent2Share application.

Financial

Estimates of the financial and human resources required to implement Consent2Share aligned with key milestones and time requirements.

Use Cases

Illustrates how patients can use Consent2Share to selectively share protected health information and adhere to 42 CFR Part 2 confidentiality regulations.

Questions?

Questions about SAMHSA resources?

Visit: <https://www.samhsa.gov/health-information-technology/laws-regulations-guidelines>

Questions to SAMHSA about 42 CFR Part 2

Email: privacyregulations@samhsa.hhs.gov

Information about Consent2Share

Visit: <https://bhits-dev.github.io/consent2share/index.html>



Thanks!

