COMMUNITY HEALTH PLAN of Washington™

Authorization to Release Confidential Substance Use Disorder Treatment Information

This form is used to release your protected substance use disorder treatment (alcohol or drug treatment) information (part 2 protected records) as required by state and federal privacy laws. Your authorization allows Community Health Plan of Washington (CHPW) to release your Part 2 Protected Records to person(s) or organization(s) that you specifically name.

Outpatient substance use disorder treatment: Under Washington law, a minor member must consent to the release of their part 2 protected records for **outpatient** substance use disorder treatment.
Inpatient substance use disorder treatment: Under Washington law, a minor 13 years of age or older may receive inpatient substance use disorder treatment without parental consent **only** if the Department of Social and Health Services (DSHS) determines they are a "child in need of services." Any written consent for disclosure of patient identifying information of a minor who has been deemed a “child in need of services” by DSHS may be given **only** by the minor member. On the other hand, any written consent for disclosure of patient identifying information of a minor who has not been deemed a “child in need of services” by DSHS must be given by **both** the minor member and their parent, guardian, or authorized representative.

SECTION 1: Member Identification				
Last Name: First Name: Middle Initial:			Member ID Number:	
Address:		City:	State:	Zip:
Phone Number:	If parent /guardian consent is for information about inpatient substance use disorder treatment of a minor, please list the minor’s name:			

SECTION 2: Member Authorization for Disclosure of Part 2 Confidential Information		
The above-named member hereby authorizes CHPW to disclose information concerning the member's name and other personal identifying information, their status as a patient obtaining diagnosis, treatment, and referral for treatment with a Part 2 program, and medication(s) to*:*		
Disclose Information To (attach separate sheet if needed):		
Entity Name:	Entity Address (street, city, and state):	Entity Phone Number:
Entity Name:	Entity Address (street, city, and state):	Entity Phone Number:

Entity Name:	Entity Address (street, city, and state):	Entity Phone Number:

The information to be disclosed *(nature and amount of information to be disclosed, as limited as possible)*:

- ☐ All information (claims, appeals, billing, enrollment, etc.)
- ☐ All benefit claims
- ☐ Appeals
- ☐ Specific claims (specify date(s) of service, claim number, etc.):
- ☐ Billing/enrollment information
- ☐ Other (please specify):

The purpose of the disclosure authorized herein is to:

I understand that my part 2 protected records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time (verbally or in writing) to the extent that action has been taken in reliance on it, and that **in any event this consent expires automatically as follows** *(specific date, event, or condition upon which consent expires)*:

Signature of Member:	Dated:
Signature of Parent or Guardian for dependent minor member's part 2 protected **inpatient** substance use disorder treatment records:	Dated:
Signature of Person Authorized to Sign in Lieu of Member *(where applicable)*:	Dated:

SECTION 3: Notice Prohibiting Re-disclosure of Patient identifying information

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.