

**Consent for the Release of Information under 42 C.F.R. PART 2  
Confidentiality of Substance Use Disorder Patient Records**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ (provider) to disclose of information regarding my mental health and substance use disorder history to Indiana Division of Mental Health and Addiction (DMHA) for the purposes of de-identified data collection and payment administration regarding services paid through DMHA Electronic Billing System (DEBS).

I understand that my substance use disorder patient records are protected under federal regulations 42 C.F.R. Part 2 - Confidentiality of Substance Use Disorder Patient Records and cannot be disclosed without my written consent. I do not need to sign this form to obtain treatment. I may revoke this consent in writing at any time. I understand that the revocation will not be effective retroactively for information disclosures that have already occurred. If not previously revoked, this consent will terminate upon termination of mental health and addiction services with the provider listed above.

Patient/Legal Representative Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Notice of Federal Requirements Regarding the Confidentiality of  
Substance Use Disorder Patient Information**

The confidentiality of substance use disorder patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug user unless:

1. The patient consents in writing; **or**
2. The disclosure is allowed by a court order accompanied by a subpoena; **or**
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; **or**
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program,

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

**The releases of information will remain active and valid until termination of mental health and addiction services with the provider listed above OR until a specific date, event, or condition as listed on the form.**

(See 42 U.S.C. §290dd-2 for federal law and 42 C.F.R. Part 2 for federal regulations governing Confidentiality of Substance Use Disorder Patient Records.)