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STATE OF HAWAII
DEPARTMENT OF HEALTH
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Kapolei, Hawaii 96707
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In reply, please refer to:
File: DOH/ADAD

State of Hawaii, Alcohol Drug Abuse Division's Consent to Coordinate Substance Use Disorder Care and Treatment Services, 42 CFR Part 2

Purpose of this form. Our goal is to provide you with the best care possible. To do this, your health care and Substance Use Disorder (SUD) treatment providers may need to communicate and work together to coordinate your care.

Federal law, 42 Code of Federal Regulations Part 2 (42 CFR Part 2), requires that we receive your permission to share your substance use treatment records to coordinate your care. You do not need to sign this form to receive care or services. However, by signing this form, you will allow your SUD treatment provider to share information about your SUD treatment with the Department of Health, Alcohol and Drug Abuse Division (ADAD) as the payor of last resort, the Hawaii Coordinated Access Resource Entry System (Hawaii CARES), and other network providers. A list of providers can be found in Attachment A of this form or at https://health.hawaii.gov/substance-abuse/cares/.

Your treatment records are strictly protected. Requirements in 42 CFR Part 2 protect the privacy of your SUD treatment records and, in many cases, prohibit sharing without your consent. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also protects your health records. While HIPAA permits certain disclosures for treatment, payment, and health care operations without patient authorization, SUD information protected by 42 CFR Part 2 may only be disclosed as allowed by 42 CFR Part 2, including pursuant to this consent.

Who will my information be shared with? You are in control of who has access to your treatment records. You can give a general approval, such as "I give my permission for my substance use treatment information to be used by and disclosed to my treating providers, third-party payers, health plans, and those helping to operate these programs to coordinate my care."

Or, you are also able to choose to be specific and share your information with only the individuals, such as a family members or entities that you clearly name, such as "Dr. Jane Smith at ABC Clinic." You can choose how long you want to share your information and have the ability to change your mind in writing at any time.

Note: ADAD/Hawaii CARES are lawful holders of SUD information and will disclose SUD records only as permitted by 42 CFR Part 2, including pursuant to this consent.

1. Client Information

_____ _____ _____
First Name Middle Initial Last Name

_____
Date of Birth (mm/dd/yyyy)

_____
Street Address

_____ _____ _____
City State ZIP code

_____ _____ _____
Email Phone number Fax number

2. I give permission for all my past, current, or future treating providers to use or disclose my SUD treatment information to other treatment providers, third party payers, and people assisting to operate this program.

3. I give my permission for the following SUD information to be used or disclosed for treatment, payment, and health care operations. Please select the choice below that you agree to share:

_____ (Initial) SUD treatment records maintained by my providers which may include but not limited to, medications and dosage, laboratory results, clinic visits, diagnostic information, and discharge summary. (SUD counseling notes are not included: these require separate consent).
_____(Initial) Claims data related to SUD treatment, which includes only a summary of my diagnoses and services received.
_____(Initial) Other information that is not SUD treatment records or claims data related to SUD treatment, which may include but not limited to employment history, court order, or other information.

4. This section identifies who can receive my information:

I give permission for my SUD information to be shared with these specific individual(s) and organization(s). Please select the choice below that you agree to share:

_____(Initial) I request for my SUD information to be shared with the following Intermediary, I agree to share my information through intermediary with all individual(s) or organization(s) that I have a past, current, or future treatment provider relationship with.

_____
Name of Intermediary

_____(Initial) I give permission for my SUD information to be shared with these specific individual(s) and organization(s):

_____
Name of individual(s) and /or SUD treatment, health care organization(s) that I have (or had) a treating relationship.

_____
Street Address/City/State/ZIP code

_____ _____
Email Phone

_____(Initial) I give permission for my SUD information to be shared with these specific individual(s) and organization(s):

_____
Name of individual(s) and /or SUD treatment, health care organization(s) that I have (or had) a treating relationship.

_____
Street Address/City/State/ZIP code

_____ _____
Email Phone

5. I authorize the use and disclosure of my SUD information for the following purposes (please select one only

- ☐ For treatment, payment, and health care operations.
- ☐ Describe the purpose(s) of the requested use or disclosure: _____

6. Expiration of Consent

I understand that my permission will end (please select one only):

- ☐ On this date (mm/dd/yyyy): _____
- ☐ One year from the date of my signature

I understand that I can revoke my permission to share my information at any time. When I revoke or cancel my permission, I understand that moving forward, my information will no longer be shared.

I understand that any information that may have already been shared before I cancelled my permission cannot be revoked.
To revoke or cancel your permission to share your information, please contact:

_____
Name

_____ _____
Phone City/State/ZIP code

7. Required Statement to Accompany Disclosures

When my SUD records are disclosed pursuant to this consent, the disclosing party must include the following statement with the records:

"This information has been disclosed to you from records protected by 42 CFR Part 2. Federal law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains 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."

If the completed consent form itself is not sent with the records, this statement must be communicated separately to the recipient.

Signature

I have read this form, or had it read to me in a language I can understand. I have had my questions about this form answered.

_____
Print the name of the person giving consent or legal representative.

_____
Signature of person giving consent or legal representative. Date (mm/dd/yyyy)

Relationship to the individual: □ Self □ Parent □ Guardian □ Authorized representative

Definitions

42 Code of Federal Regulations Part 2 (42 CFR Part 2): A federal regulation that requires federally assisted substance use disorder treatment programs to obtain written consent for disclosure of substance use disorder records.

ADAD: The State of Hawaii, Department of Health, Alcohol and Drug Abuse Division, also known as the "payor of last resort."

Hawaii CARES: The Hawaii Coordinated Access Resource Entry System, also known as a "hub-and-spoke model," is an integrated health care network that connects a central specialty facility (the "hub") with a network of local ADAD-contracted treatment programs, health care providers and community organizations (the "spokes") to ensure a "no wrong door" approach to treatment.

HIPAA: The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and implementing regulations.

Intermediary: A person, other than a Part 2 program, covered entity, or business associate, who has received records under a general designation in a written patient consent to be disclosed to one or more of its member participant(s) who has a treating provider relationship with the patient.

Part 2 Program: An organization, unit within an organization or clinician (solo practitioner or medical personnel that is "federally assisted" (i.e. receives Medicare or Medicaid reimbursement; holds a federal license or registration; receives federal funding, including Health Resources and Services Administration grants or other federal financial assistance; or has tax-exempt status from the Internal Revenue Service) and meets the regulatory definition of a "program" under 42 CFR §2.11.

SUD: Substance use disorder.

SUD Counseling Notes: Notes by an SUD or mental health professional at a Part 2 program, in which they document or analyze the contents of a conversation from an SUD counseling session. SUD counseling sessions include private and group sessions, as well as joint or family SUD counseling sessions. Notes may be in "any medium," including paper or electronic notes. In the context of explaining HIPAA's psychotherapy notes, HHS has stated that these notes are the personal notes of a therapist, intended to help the therapist recall the discussion and of little or no use to others not involved in the therapy. The definition of SUD counseling notes specifically excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment provided, results of clinical tests, and any summary of the following: diagnosis, functional status, treatment plan, symptoms, prognosis, or progress to date.

Treating Provider Relationship: Regardless of whether there has been an actual in-person encounter:

1. A patient is, agrees to be, or is legally required to be diagnosed, evaluated, or treated, or agrees to accept consultation, for any condition by a person; and
2. The person undertakes or agrees to undertake diagnosis, evaluation, or treatment of the patient, or consultation with the patient, for any condition.

Attachment A
List of Hawaii CARES Providers (main office addresses)

Hawai'i Coordinated Access Resource Entry System (Hawai'i CARES).	
National	988
Oahu	(808) 832-3100
Neighbor Islands	(800) 753-6879
Text Line	(808) 272-9949

OAHU - Adults

Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka 45-845 Po'okela Street, Kaneohe, HI 96744	Bobby Benson Center 2045 Kamehameha IV Road, Kalihi, HI 96819
CARE Hawaii, Inc. 197 Sand Island Access Road. Suite 300, Honolulu, HI 96819	Dynamic Healing Center 200 North Vineyard Boulevard., Suite B130., Honolulu, HI 96817
Hawaii Health & Harm Reduction Center 677 Ala Moana Boulevard, #226, Honolulu, Hawaii 96813	He Ala Hou O Ke Ola 531 Puuhale Road., Honolulu, HI 96819
Ho'omau Ke Ola 85-761 Farrington Highway, Suite 103, Waianae, Hawaii 96792	Institute For Human Services Inc. 546 Kaaahi St, Honolulu, HI 96817
Kline-Welsh Behavioral Health Foundation 524 Ka'aahi Street, Honolulu, HI 96817	Kokua Support Services 1130 North Nimitz Highway, Suite A226, Honolulu, HI 96817
Ku Aloha Ola Mau Oahu 1130 North Nimitz Highway, C302, Honolulu, Hawaii 96817 Hawaii	Makana O Ke Akua, Inc 765A McCully Street, Honolulu, HI 96826
North Shore Mental Health, Incorporated 56-117 Paulalea Street, Kahuku, HI 96731	Oxford House, Inc. Multiple locations
Po'ailani, Inc. 46-174 Kahuhipa Street #G, Kaneohe, HI 96744	The Queen's Medical Center – Day Treatment Services Kaheiheimalie Building, 1374 Nuuanu Avenue, Honolulu, Hawaii 96813
Salvation Army – Addiction Treatment Services 3624 Waokanaka Street, Honolulu, Hawaii 96817	Salvation Army – Family Treatment Services 845 22nd Avenue, Honolulu, Hawaii 96816
Waianae Coast Comprehensive Health Center Malama Recovery Services 86-260 Farrington Highway Waianae, HI 96792	Waikiki Health dba Waikiki Health Center 1020 Isenberg Street, Honolulu, HI 96826 Women In Need 98-1238 Ka'ahumanu Street, Suite #403, Pearl City, HI 96782

KAUAI - Adults

CARE Hawaii, Inc. 3501 Rice St., Suite 200 Lihue, HI 96766	Child and Family Services 2970 Kele Street, Suite203, Lihue HI 96766

MAUI – Adults

Aloha House Inc. 200 Ike Drive, Makawao, HI 96768	CARE Hawaii, Inc. 33 North Market Street #102, Wailuku, HI 96739
Malama Na Makua A Keiki dba Malama Family Recovery Center 388 Ano Street, Kahului, HI 96732	

MOLOKAI – Adults

Ka Hale Pomaika'i 7533 Kamehameha V Highway, Kaunakakai, HI 96748

HAWAII – Adults

Big Island Substance Abuse Council 16-179 Melekahiwa Street, Keaau, Hawaii 96749	Bridge House, Inc. 78-6687B Mamalahoa Hwy., Holualoa, HI 96725
Care Hawaii, Inc. 891 Ululani Street, Hilo, HI 96720 (Hilo Office) 74-5620 Palani Road, Suite 118, Kailua-Kona, HI 96740 (Kona Office)	Ku Aloha Ola Mau 900 Leilani Street, Hilo, HI 96720

OAHU - Adolescents

Hina Mauka (Teen Care) 47-388 Hui Iwa Street, Kaneohe, HI 96744	Bobby Benson Center 56-660 Kamehameha Highway, Kahuku, HI 96731
Child & Family Service 91-1841 Fort Weaver Road Ewa Beach, HI 96706	Coalition for A Drug-Free Hawaii 1130 North Nimitz Highway, #A-259, Honolulu, Hawaii 96817
Young Men's Christian Association of Honolulu dba YMCA of Honolulu 1335 Kalihi Street, Honolulu, Hawaii 96819	

KAUAI - Adolescents

Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka 47-388 Hui Iwa Street, Suite 14, Kaneohe, HI 96744

MAUI - Adolescents

Maui Youth and Family Services, Inc. 1498 Lower Main Street, Unit D, Wailuku, HI 96793

HAWAII - Adolescents

Big Island Substance Abuse Council 16-179 Melekahiwa Street, Keeau, HI 96720