

HAMILTON COUNTY GOVERNMENT

JOINT ONE-TIME TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS OR LEGAL PROCEEDINGS USE AND DISCLOSURE CONSENT

1. PATIENT INFORMATION

Patient's Current Full Name: _____ Date of Birth: _____

List Any/All Previous Name(s): _____ Last Four Digits of SSN: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

2. COVERED ENTITY COMPONENT ("CEC"). This Consent applies to the CEC below. Please initial your selection:

- EMS/EMS Billing Health Department ("HD") MOUD Program (EMS/HD) Drug Recovery Court Mental Health Court Veterans Treatment Court Alternative Sentencing

3. STATEMENT OF UNDERSTANDING. I understand the following:

- a. HCG has elected that its CECs obtain consent for uses and disclosures of Protected Health Information ("PHI") for Treatment, Payment, and Healthcare Operations ("TPO")... b. Substance use disorder ("SUD") treatment records are protected under federal law... c. I am not required to sign this consent... d. My one-time consent permits the selected CEC [Section 2. Covered Entity Component ("CEC")] and the authorized person(s) or types of people [Section 4c. Authorization] to share my PHI [Section 4b. Authorizations] for the identified purpose [Section 5 Purpose].

4. AUTHORIZATIONS.

- a. I authorize the CEC selected in Section 2 to use, receive, and disclose my records. b. Records to be used, received, and disclosed. Note: A use and disclosure for psychotherapy notes or SUD counseling notes may not be combined with another consent. (Select and initial only i.(1)-(3) or ii. below. By my initials, I consent to the use and disclosure of the following: i. PHI including but not limited to personally identifiable information; medical records, and medications; health plan/benefit information; billing records; and (1). Drug and alcohol, SUD, mental health, mental and psychiatric conditions, Part 2 Program records [letters of participation and compliance; program assessments (TNRAS, TCU-5, MH screen, MMS, CAGE, MAT), behavior summaries and updates; treatment information (attendance, progress, treatment plans, and discharge summaries), etc. (2). Communicable disease(s) (HIV, AIDS, sexually transmitted infections, hepatitis, and TB). (3). Family planning and contraceptive records. ii. Psychotherapy Notes or SUD Counseling Notes. If present, these records are kept separate from my other records. A Part 2 program may not require me to initial this box as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits. However, where I am mandated to treatment through the criminal legal system (including Drug Recovery Court, Mental Health Court, Veterans Treatment Court, and Alternative Sentencing), and I choose not to authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, then I understand that I am voluntarily removing me from the Recovery Court program and that my case(s) will be transferred to another division of the appropriate Court for further adjudication.

c. _____ **Authorized Person(s) or Types of People.** I authorize the following applicable person or types of people to receive my records: **My treating providers, health plans, third-party payers, person’s helping to operate this program, and if applicable my Recovery Court Team, Mental Health Court Team, Veterans Treatment Court Team, Alternative Sentencing Team, HCG CECs for TPO, and community-based organizations as defined in Part 2 Participant Handbooks.** These persons or types of people may also share my record with the CEC selected above.

5. **PURPOSE.** By my initials, I consent to the following uses and disclosures: **(Select and initial only a or b below).**

a. _____ **TPO.** One-time consent for all future uses and disclosures of my PHI [Section 4.b. (Authorizations)] for the purposes of treatment, payment, and healthcare operations of the CEC in Section 2 and of Hamilton County Government.

b. _____ **Legal Proceedings.** My PHI [Section 4.b. (Authorizations)] may be used in the following identified criminal, civil, legislative, or administrative proceedings: **Case No./Investigation No.:** _____

6. **REDISCLUSURES.**

I understand that if HIPAA covered entities and business associates receive my records for TPO purposes, the records may be redisclosed, as permitted by HIPAA, except for uses or disclosures for civil, criminal, administrative, or legislative proceedings against me. I acknowledge that the records disclosed will no longer be protected by Part 2.

7. **EXPIRATION DATE.**

Unless I revoke my consent, this consent will take effect immediately and will not expire until the end of my treatment or until final disposition of my case.

8. **TAKE BACK (REVOKE) OF CONSENT.**

a. At any time, I may take back (revoke) my consent, except where a CEC has previously acted upon my consent.

b. Where I am mandated to treatment through the criminal legal system (including Drug Recovery Court, Mental Health Court, Veterans Treatment Court, and Alternative Sentencing), and I choose to revoke my consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, then I understand that I am voluntarily removing me from the Recovery Court program and that my case(s) will be transferred to another division of the appropriate Court for further adjudication.

c. I understand that I may revoke my consent by contacting HCG’s Privacy Officer listed below:

Privacy Officer: Angela M. Duncan, RHIA, CHPS
Address: Hamilton County Attorney’s Office
Attention: HIPAA Privacy Officer
625 Georgia Avenue, Room 204
Chattanooga, TN 37402-1956
Phone Number: 1-833-484-8671
Email: HIPAA@HamiltonTN.gov

9. **CERTIFY.** I certify that I understand my rights and that my consent is given freely, voluntarily, and without coercion.

10. **SIGNATURE.**

PRINT NAME (if other than patient/client)

RELATIONSHIP TO PATIENT/CLIENT

PATIENT/CLIENT/PERSONAL REPRESENTATIVE’S SIGNATURE

DATE SIGNED