

San Mateo County Behavioral Health & Recovery Services  
**EXCHANGE of INFORMATION: Principles & Definitions**  
BHRS Policy 03-01, Attachment F added March 13, 2013

## **GENERAL PRINCIPLES**

- AOD providers are subject to the more stringent confidentiality rules that apply to clients receiving their services.
- Mental Health (MH) providers may exchange necessary information for treatment, payment, and administrative purposes and in the course of a referral for medical, mental health or AOD care. *However*, please be aware that some providers will be reluctant to share and will request a signed authorization to release medical/treatment information. Even when it is not required it may be expedient to obtain a consent to the release of information when requested or to obtain a consent before initiating/responding to a request.

## **DEFINITIONS**

**AOD Provider** – this includes designated Alcohol and Other Drug Treatment Programs. These programs are primarily designed to treat substance use disorders and receive partial or total funding for AOD treatment from the federal government.

**MH Provider** – refers to county Mental Health Clinics and to Community Mental Health Agencies. It also is used to refer to staff working in these sites and to independent practitioners such as contractors in the managed care network. The provider may offer co-occurring care, which may include diagnosis of a substance use disorder and/or co-occurring care to address both the primary mental health diagnosis and a substance use diagnosis.

**PCP** - includes the primary care physician and any primary care medical staff in a physical health care setting.

**QSO** – Qualified Service Organization - includes BHRS administration, including the Call Center, MIS, QM, and the eCC team. AOD may and should share with any member of the QSO, on an “as needed” basis, without consent (per contract with BHRS).

**Client Consent** is used as a generic term throughout the guide; staff will determine which one of several forms is required in each specific situation. Mental Health consent forms can be found on the county website at <http://www.smchealth.org/bhrs-documents> in the “HIPAA Consent Forms” section.

- AOD uses a Consent to Disclose form to authorize sharing protected AOD information.
- MH uses Application for Services and Consent to Treatment when a client begins services; it authorizes disclosure of Protected Health Information (PHI) as needed among treatment providers.
- MH uses Authorization for Use or Disclosure of PHI to obtain client consent to the release of written information containing Protected Health Information (PHI).
- MH uses Authorization for the Verbal Release of PHI to Family, Friends or Individuals Providing Social Support to obtain client consent to verbal sharing of client information.