



MR # _____

Name: _____

Location: _____

CONFIDENTIALITY DISCLOSURE

IMPRINT AREA

KPNC's Mental Health and Chemical Dependency Services: Your Right to Privacy

Kaiser Permanente's Mental Health and Chemical Dependency (MH/CD) Program ("the Program") is strongly committed to protecting your privacy. The Northern California Notice of Privacy provides general information about how your medical information is used and protected. Federal law protects the confidentiality of chemical dependency records. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations. Violation of federal confidentiality laws related to chemical dependency programs is a crime. Suspected violations may be reported to the appropriate authorities. Except under limited circumstances (see examples below), Kaiser Permanente's MH/CD Program may not, without your written permission, disclose information about your care to anyone outside of the Program.

Coordination of Care

At Kaiser Permanente Mental Health and Chemical Dependency services staff operate under one department, the Department of Psychiatry, and are considered one Program. Therefore, any MH/CD information can be shared between Mental Health staff and Chemical Dependency staff without your written consent. However, the regulations pertaining to mental health patient information differ from those for chemical dependency patient information.

Patients Receiving Only Mental Health Care: For mental health care, your permission is not required to coordinate your care with other providers, such as your primary care physician. Mental Health diagnoses and appointment dates are available to your other treating providers on a need-to-know basis. However, ordinarily we will discuss with you any necessary sharing of other mental health information. When we share information we only share that information which, in our professional judgment, we believe is needed for appropriate medical care by that provider.

Patients Receiving Chemical Dependency Care: For chemical dependency care (which would include mental health care that is part of your chemical dependency care), your written authorization is normally required before any information about chemical dependency treatment can be disclosed to anyone outside the Department of Psychiatry. For your safety and effective coordination of your health care, we strongly believe it is important for us to share information about your chemical dependency treatment with your other treating providers.

For these reasons, your medication visits, the list of medications, laboratory results, a description of medication results, limited notes regarding your treatment and prognosis are included in your medical record, either on paper or electronically and may be shared with your other treatment providers.

Exceptions to Confidentiality Rules

The law authorizes us to disclose limited information about your treatment in the MH/CD Program without your consent, to certain persons and in certain circumstances:

- in medical and psychiatric emergencies in which the information is essential to an individual's safety
- to qualified personnel for audit, program evaluation, or research
- for reporting of suspected child abuse or neglect
- to report the commission of crimes on our premises or against our program personnel
- in response to court orders that comply with the standards for the type of record covered by the order
- to other Kaiser Permanente departments who provide administrative and clinical support to the MH/CD Program and which have agreed to abide by the federal chemical dependency confidentiality rules.

If at any time you have concerns about your privacy, you are encouraged to request clarification from your therapist or a staff member.

Acknowledgment:

By signing your name in the space below, you acknowledge that you have read and understood this document. *(Note: If the person receiving care is a minor, then a parent or legal guardian acknowledges having read and understood this document. Under certain circumstances, minors may consent to treatment themselves without parental permission.)*

SIGNED: PATIENT'S OR REPRESENTATIVE'S DATED SIGNATURE	DATE
PRINT NAME AND RELATIONSHIP TO PATIENT (IF SIGNED BY AUTHORIZED REPRESENTATIVE OF THE PATIENT)	DATE

DOCUMENT TYPE: CHEMICAL DEPENDENCY

DESCRIPTION: CDS CONFIDENTIALITY DISCLOSURE

DO NOT LINK TO ENCOUNTER

DATE: _____