

AUTHORIZATION FOR DISCLOSURE OF SUBSTANCE USE DISORDER (SUD) RECORDS FOR BILLING

Name: _____

MR#: _____

IMPRINT AREA

Kaiser Permanente operates as an integrated health care delivery system. We will only share the SUD information that, in our judgment, is necessary for billing to accurately document, audit and receive reimbursement for your care and for health care operations.

SUD information is protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts 160 & 164, and cannot be disclosed by the Kaiser Permanente without written consent unless otherwise provided for by the regulations.

What We Are Requesting

Authorization to share your SUD information, benefit coverage and payment history with Kaiser Foundation Health Plan, Inc, Southern California Permanente Medical Group (SCPMG), Kaiser Foundation Hospitals (KFH), and other organizations with which you have benefit coverage in addition to Kaiser Permanente; including, but not limited to, the Centers for Medicare and Medicaid Services (CMS), including any agent or successor of these organizations, as necessary to accurately document, audit and receive reimbursement for your care and for healthcare operations.

By signing the Authorization to Release SUD Billing Information form, we will only share the minimum amount of SUD Information that, in our judgment, is necessary for billing and operational purposes. Such entities may disclose SUD Information among each other for these purposes.

Why We Are Requesting this Authorization

This authorization is necessary for Kaiser Permanente to bill for and obtain reimbursement for care and for healthcare operations. If at any time you have concerns about your billing privacy, you are encouraged to discuss your concerns with Member Services.

Revoking Authorization

Patients and patients' personal representatives may cancel authorizations by talking with the Addiction Medicine Department where the patient receives services or by submitting written requests to the Release of Information Unit at any Kaiser Permanente Medical Center within the southern California region. Unless revoked, authorizations will remain in effect until patients are no longer covered by Kaiser Foundation Health Plan, Inc.

If patients decide to revoke their authorizations at a future date, there will no longer be sharing of SUD information, benefit coverage and payment history with KFHP, SCPMG, KFH, and other organizations with which patients have benefit coverage.

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Refusal to Authorize the Release of SUD Billing Information

By signing the “Refusal to Authorize the Release of SUD Billing Information” form, patients will still be able to access and receive usual care and services from Kaiser Permanente based on their KHFP coverage, **EXCEPT** that patients will be assuming the financial responsibility for the costs of treatment and services within Kaiser Permanente for their substance use disorders. A Confidential Guarantor Account will be required.

Please inform a Kaiser Permanente staff member either:

- I authorize the sharing of the minimum amount of SUD Information that, in Kaiser Permanente’s judgment, is necessary for the billing and operational purposes.:

Action Required: Sign the Authorization to Release SUD Billing Information form

- I refuse to authorize the sharing of my SUD medical and related billing information:

Action Required: Sign the Refusal to Authorize Release of SUD Billing Information form

If you have questions or concerns, please ask the Kaiser Permanente representative to either speak with a department manager or Member Services.

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I hereby provide authorization to share my SUD information, benefit coverage and payment history with Kaiser Foundation Health Plan, Inc., Southern California Permanente Medical Group (SCPMG), Kaiser Foundation Hospitals (KFH), and other organizations with which I have benefit coverage in addition to Kaiser Permanente; including but not limited to the Centers for Medicare and Medicaid Services (CMS), and including any agent or successor of these organizations, as necessary to accurately document, audit and receive reimbursement for care and for healthcare operations.

Kaiser Permanente will only share the minimum amount of SUD Information that, in our judgment, is necessary for the billing and operational purposes. Such entities may disclose SUD Information among each other for these purposes.

SUD information is protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts 160 & 164, and cannot be disclosed by the Program without written consent unless otherwise provided for by the regulations.

Authorizations will remain in effect until patients are no longer covered by Kaiser Foundation Health Plan, Inc.

Authorization to release SUD billing information may be changed to refusal to release SUD information. You must sign the Refusal to Authorize Release of SUD Billing Information form which you may obtain in the Addiction Medicine department where you are receiving services. If patients decide to revoke their authorizations at a future date, there will no longer be sharing of SUD information, benefit coverage and payment history with KFHP, SCPMG, KFH, and other organizations with which patients have benefit coverage.

If the person receiving care is a minor under 12 years of age, then a parent or legal guardian acknowledges having read and understood this document and authorizes such release. **Both the minor and the parent/legal guardian must sign below.**

Minors over age 12 may consent to treatment and authorize the release of information regarding their treatment themselves without parental permission, in which case only the minor must sign below.

If signed by Parent/Guardian or Personal Representative, Print Parent/Guardian's or Personal Representative's Name and relationship to patient.

PATIENT'S NAME (PRINT)	PATIENT'S SIGNATURE	DATE/TIME
PATIENT'S PARENT/GUARDIAN (PRINT)	RELATIONSHIP	
PATIENT'S PARENT/GUARDIAN SIGNATURE		DATE/TIME
WITNESS (PRINTED)	WITNESS (SIGNATURE)	DATE/TIME
SIGHT TRANSLATED VIA (IF APPLICABLE)	PRINT INTERPRETER'S NAME AND IDENTIFICATIONS NUMBER	
DOCUMENT READ TO PATIENT DUE TO (IF APPLICABLE)	READ BY (STAFF NAME)	

NOTICE OF FEDERAL CONFIDENTIALITY

Pursuant to 42 CFR § 2.22

Kaiser Permanente's Addiction Medicine Department (Program) is strongly committed to protecting your privacy. State and Federal law protects the confidentiality of SUD Health Records. Such confidentiality is protected under the Federal law and regulations as noted in 42 CFR Part 2.

Violations of the Federal law and regulations by a Program (as noted in 42 CFR) are considered criminal activity. Suspected violations may be reported to the United States Attorney for the judicial district in which the violation occurs.

Central District of California, US Attorney's Office

Office Contact Information

312 North Spring Street
Suite 1200
Los Angeles, California 90012
213-894-2400 (phone)
213-894-0141 (fax)

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

Kaiser Permanente's Addiction Medicine Department (Program) staff members are prohibited from disclosing to a person outside the Program that a patient attends the Program or disclosing any information identifying a patient with an SUD diagnosis unless there is a written consent.

Sometimes the law allows us to disclose information about you, without your consent. Examples of such legally permitted disclosures are:

1. In medical and psychiatric emergencies in which information is essential to individual safety;
2. To warn potential victims of violent acts;
3. To qualified personnel for audit, program evaluation of research; for example, patient surveys;
4. For reporting of suspected child abuse or neglect;
5. For information related to a crime committed by you, either at the Program or against any person who works for the Program or any threat to commit a crime; and,
6. In response to court orders that comply with the standards for the type of record covered by law.