



Sharing SUD Treatment Records With Multiple Providers: How to Use Multi-Party Consent Forms

The federal confidentiality protections for substance use disorder (SUD) treatment records (42 USC § 290dd-2 and 42 CFR Part 2, referred to collectively as “Part 2”) generally require a patient’s written consent to share information.¹ See the [COE-PHI's sample consent form](#). Providers often have questions about how to fill out a consent form that authorizes disclosures to multiple parties in a way that complies with Part 2 and the HIPAA Privacy Rule.

KEY POINT

Multi-party consent forms work best when a patient wants to authorize different people to receive the same information for the same purpose.

WHAT YOU NEED TO KNOW

Multi-party consent forms can be especially useful when a patient wants to authorize different people or entities to receive the same treatment information for the same purpose. For example, multi-party consent forms may help coordinate patient care between multiple providers, coordinate services between multiple agencies such as a housing agency and a transportation agency or authorize disclosures during a court proceeding. Multi-party consent forms should be avoided when the parties need different information for different purposes; in those cases, it is best to use different consent forms for each party.

A CLOSER LOOK

The U.S. Department of Health and Human Services (HHS) encourages careful review of consent forms that authorize multiple disclosures to different entities, since such forms may increase the likelihood that the patient will not understand what disclosures they are authorizing.²

When deciding whether to use a multi-party consent form, it is important to focus on the purpose of the disclosure. Ask yourself: do all the parties need information for the same purpose? If the answer is yes, then it is likely that a multi-party consent form will work, so long as the parties also need the same amount and kind of information, and the disclosures will be occurring during the same time-period, with the same revocation rights.

PRACTICE TIP: When using a multi-party consent form, it can be useful to authorize disclosures between all the parties – not just one-way disclosures from the Part 2 program to other parties.

EXAMPLE 1: Care coordination

Elmer receives substance use disorder (SUD) treatment services at Agency A (a Part 2 program), primary care services at Clinic B, and dialysis at Center C. He wants to authorize all his providers to share openly for the purpose of coordinating his treatment and care. He can sign a consent form authorizing disclosures of “all my treatment records, including SUD treatment records,” between “Agency A, Clinic B, and Center C,” for the purpose of “coordinating treatment and care.”

EXAMPLE 2: Supportive services

Agency A refers Elmer to a supportive housing services organization, HH Housing, that also helps arrange rides with TT Transportation services. These two agencies do not need access to “all” of Elmer’s treatment records, but they do need to know some Part 2-protected information, such as Elmer’s status as a patient in the SUD treatment clinic, the dates he receives services, and perhaps his diagnosis. It is not necessary for Elmer to sign the same consent form that he used in Example 1 for care coordination. Instead, he can sign a consent form that authorizes disclosures of “my patient status and treatment dates at Agency A,” “between Agency A, HH Housing, and TT Transportation,” for the purpose of “coordinating my housing and transportation services.”

EXAMPLE 3: Court-mandated treatment

Sally is arrested for a drug-related offense and enters SUD treatment at Agency A as a condition of her participation in drug court. Agency A asks Sally to sign a consent form authorizing disclosures of her entire treatment record to various parties, including her primary care doctor, her psychiatrist, her health plan, her attorney, the prosecutor, the judge, court employees, and an assigned social worker. This is not a good use of a multi-party consent form: these parties need different amounts of information for different purposes.

- Sally can sign one consent form authorizing disclosures for treatment purposes between Agency A, her primary care doctor, and her psychiatrist; she may revoke this consent form at any time.
- Sally can sign another consent form authorizing disclosures of limited information to her health plan, so that Agency A can bill and be reimbursed for services. Sally can revoke this consent at any time, except to the extent that Agency A has already provided services in reliance on the consent form.³
- Sally can sign a separate consent form authorizing disclosure to the judge, attorneys, court employees, and social worker that is specific to the drug court’s requirements and expires when the court proceeding ends. These types of consent forms generally are *not* revocable.⁴

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FOR MORE INFORMATION

Resources

This resource is one of many that are available in the CoE-PHI resource library: coephi.org/resource-library.

Request technical assistance

You can [request brief, individualized, technical assistance](#) and [join our mailing list](#) to receive updates about new resources and training opportunities.

DISCLAIMER

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¹ See 42 CFR 2.31, consent requirements.

² U.S. Department of Health and Human Services, Opinion Letter 82-22, Use of Single Consent Form to Authorize Multiple Disclosures (Dec. 15, 1982).

³ See 42 CFR § 2.31 (1)(6).

⁴ See 42 CFR 2.35, disclosures to elements of the criminal justice system which have referred patients.