



Let's Talk!

Client's Privacy and Consent to Share Substance Use Treatment Information

Sample Script for Peer Workers

About this resource:

The following script is intended to model an effective, client-centered conversation between a Peer Support Specialist and their client about concepts of privacy (of substance use treatment information) and navigating decisions about consenting to share treatment information.

This script accompanies the CoE-PHI video "[Let's Talk: For Peer Workers.](#)" Within both this script and the accompanying video are embedded six key steps to having an effective and client-centered conversation.

How to use this resource:

You can use this resource by reading through it before or after viewing the CoE-PHI's accompanying video and/or when preparing to have the conversation with a client. If you'd like to record your ideas about having this conversation, an additional CoE-PHI [resource worksheet](#) is available.

Case scenario:

This script models the conversation that takes place in the CoE-PHI's accompanying video. The video portrays a conversation between **Jenny**, a client at a facility that provides both general medical care and services for people who use substances, and a Peer Support Specialist named **Kevin**. The conversation takes place directly prior to Jenny's scheduled visit with her social worker, **Gordon**.

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The video begins with Kevin coming into the waiting room to greet Jenny.

KEVIN

Hi Jenny! So great to see you! How are you doing today?

JENNY

Hi Kevin, nice to see you too. I've been okay, thanks for asking.

This statement reflects Key Step 1: "Introduce Yourself and Build Rapport"

KEVIN

That's good. Gordon, your social worker, will be available in about 30 minutes. While you wait, why don't we catch up. How does that sound?

JENNY

Okay, great, I would really like that.

KEVIN

So, Jenny, this is your second appointment with Gordon, correct?

JENNY

Yes, that's right. I was referred by my primary care doctor, Dr. Drayton, just in the next building over.

KEVIN

Oh, Dr. Drayton. Gordon and I work with her all the time to link people to other services they may need.

JENNY

Yeah, I was so glad she referred me to Gordon. I've been in recovery for about 3 years, but recently used again- just one time- so she thought that it was important that I get linked to additional support. Gordon has been really helpful and I haven't used since.

KEVIN

I'm so glad Gordon has been helpful and I'm happy to hear you are pleased with where you are at now.

JENNY

Me too! I only see Dr. Drayton once or twice a year, so it is great to have this additional support.

This statement reflects Key Step 2: "Introduce Consent to Share Information"

KEVIN

So glad to hear that. While preparing for your visit today, Gordon and I thought it would be important for us to discuss with you today your options for sharing information about the care you receive from him, with other providers and your insurance plan. The form that we use to document your decisions around sharing information is called a "consent to share information.

Before you meet with Gordon, would it be okay if we spent some time talking about the form?

This statement reflects Key Step 3: "Ask for Permission"

JENNY

Yeah, I'd like to hear more.

This statement reflects Key Step 4: "Provide Education"

KEVIN

First, I want to make sure you know the decision to share information about the care you receive with Gordon, with other providers, and your health insurance plan, is totally up to you. It is your decision.

JENNY

Thank you- it's good to know that it's my decision.

KEVIN

Absolutely. I want to make sure you have all the facts so you can make an informed decision. A typical consent form asks you to make decisions about who you want to share your information with, what information you want to share, for what purposes and for how long.

JENNY

That makes sense, but who would I want to share my information with...and why?

KEVIN

That's a great question. First, many of us who have health insurance, like you, choose to share information like dates of visits, care provider, type of care, diagnoses, and any medications prescribed. This will give the insurance plan enough information so that they can pay for your services.

JENNY

That’s good to know that I don’t have to share my information with all my providers. But, I think it would make sense to share my information about my treatment here with Dr. Drayton, since she referred me to Gordon, and I will be seeing her soon for a check-up.

KEVIN

Sounds like you are being very thoughtful about this, Jenny. This is something Gordon will be able to talk to you more about. What other questions do you have?

This statement reflects Key Step 5: “Check in with the Client”

JENNY

Last question: just to be clear, you’re saying I can choose to only share with Dr. Drayton and with my health insurance plan?

KEVIN

Absolutely! There is space on the consent form where that can be written in.

JENNY

I appreciate all this information Kevin. It’s been so helpful.

This statement reflects Key Step 6: “Close the Conversation”

KEVIN

I’m so glad the information is helpful. Gordon will review the consent form in detail with you today, and will also be available to answer any questions you have.

Oh, looks like it’s almost time for your appointment. I can let Gordon know you’re here, and walk you back over to the waiting room. How does that sound?

JENNY

That sounds good!

More information:

For more resources related to having effective, client-centered conversations about concepts of privacy and navigating decisions about consenting to share treatment information, visit our suite of resources on this topic.

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