



## Template: Consent for Uses & Disclosures of Part 2 Records

The federal privacy protections for substance use disorder (SUD) treatment records, 42 USC § 290dd-2 and 42 CFR Part 2, permit uses and disclosures of protected records with the prior written consent of the patient. This Template Consent reflects the 2024 Final Rule's amendments to Section 2.31 of 42 CFR Part 2, which took effect on April 16, 2024 with a compliance date of February 16, 2026, as well as the HIPAA Privacy Rule's requirements for authorizations in Section 164.508 of 45 CFR Part 164.

This Template Consent provides a framework that Part 2 programs and others may adapt when creating consents authorizing uses and disclosures of Part 2-protected records. Additional federal and state laws may also apply.

### How to Use This Resource

This resource was designed by the CoE-PHI to provide organizations with a Template Consent for Uses and Disclosures of Part 2 Records and accompanying annotated guidance for how it should be tailored for organizational context and completed. Please consider the following when utilizing this resource:

- The template should be customized and tailored to your specific organization by someone in an administrative oversight or compliance role.
- The boxes that contain a blue background include annotated guidance, and in some cases, prompts where information should be entered. In certain circumstances, the boxes that contain a blue background also include a note stating “hover for additional instructions”, indicating that the user should hover their mouse over the box for additional context and instructions.
- Upon placing your cursor within the blue-shaded boxes, the guidance will disappear, allowing you **to either remove it, or tailor it to your specific organization.**
- Organizations should ensure that all information on the consent form matches actual organizational practice, and that all staff are trained regarding the contents of the form when finalized.

# **Consent for Uses and Disclosures of Substance Use Disorder Treatment Information, 42 CFR Part 2**

## **1. PATIENT NAME:**

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I understand that my substance use disorder treatment records are protected under federal law, including 42 CFR Part 2 and HIPAA, and any applicable state laws. My treatment records can only be used or disclosed with my written consent, except as permitted by 42 CFR Part 2, HIPAA, and applicable state law.

**I understand that I have the right not to sign this consent form.** If I do not sign, the consequences will be:

## **2. AUTHORIZATION.**

**a. I authorize the following person or types of people to use and disclose my records:**

**b. I authorize the following person or types of people to receive my records:**

**c. RECORDS TO BE USED AND DISCLOSED.** I authorize the following information to be used or disclosed:

**SUD COUNSELING NOTES:** I agree to the use and disclosure of my substance use disorder (SUD) counseling notes. A Part 2 program may not require me to check this box as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits. **If this box is checked, no other information may be listed above.**

d. **PURPOSE.** I authorize uses and disclosures for the following purpose(s) only:

I do not wish to receive any fundraising communications from \_\_\_\_\_  
when it is fundraising on its  
own behalf.

**LEGAL PROCEEDINGS.** I agree to the use and disclosure of my substance use disorder treatment records to be used in the criminal, civil, legislative, or administrative proceeding identified below. **If this box is checked, no other purposes may be listed above.**

3. **EFFECT.** I understand that if HIPAA covered entities and business associates receive these records for treatment, payment, and health care operations purposes, the records may be redisclosed in accordance with HIPAA, except for uses or disclosures for civil, criminal, administrative, or legislative proceedings against me.
4. **TIME PERIOD.** Unless I revoke my consent, this consent will take effect immediately and expire:

I have the right to revoke this consent in writing at any time, except to the extent that action has been taken in reliance upon it. I understand that I may revoke consent by

I have been offered a copy of this form. It has been explained to me in a language I understand. I acknowledge that there is a potential for the records used or disclosed pursuant to this consent to be subject to redisclosure by the recipient and no longer protected by Part 2.

**Signature of patient:**

**Date:**

**Signature of other authorized person:**

**Name of person signing,  
if other than patient:**

**Authority of person signing  
(42 CFR §§ 2.14, 2.15):**

**Date:**

**NOTE:** Electronic signatures are permitted to the extent that they are not prohibited by any applicable law.

**42 CFR PART 2 PROHIBITS UNAUTHORIZED USE OR DISCLOSURE OF THESE  
RECORDS.**