



## Let's Talk!

### Patients' Privacy and Consent to Share Substance Use Treatment Information

#### *Sample Script for Substance Use Treatment Providers*

##### **About this resource:**

The following script is intended to model an effective, patient-centered conversation between a Substance Use Treatment Provider and their patient 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 Substance Use Treatment Providers.\*\*](#)" 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 patient. 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 patient at a facility that provides both general medical care and services for people who use substances, and **Gordon**, her social worker. During their visit, Gordon and Jenny discuss her options regarding decisions about consenting to share her treatment information for payment and care coordination purposes, and Gordon uses the organizational consent form to walk Jenny through the process. It begins with Gordon working in his private office.

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

**GORDON**

Hi Jenny! Great to see you. Come on in and take a seat.

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

**JENNY**

Hi Gordon! It's really great to see you too.

**GORDON**

I'm so glad you're here, how are you doing?

**JENNY**

I'm doing pretty well, thanks for asking.

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

**GORDON**

That's great. Before we get started today, I'd like to make sure that you have all the information that you need to make informed decisions about the privacy of your health information.

Can we start our visit today talking about that?

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

**JENNY**

Yes, I'd like to hear more about that.

**GORDON**

Okay. Let me start by going over your privacy rights, the consent process, and the decision-making ability that you have.

**JENNY**

Sounds good.

**GORDON**

Great! I want you to know that you have rights about who gets to see information about the care you receive here. You can exercise these rights through our consent form.

This statement reflects Key Step 4: "Provide Education"

One of the purposes of the consent form is for payment of the services you receive here. Many people who have insurance, like yourself, choose to share information about their treatment with their insurance plans to cover the cost of their treatment. Typically, this includes sharing information about dates of services, diagnoses, and any medication that's prescribed.

**JENNY**

That makes sense, and it's good to know what information will be shared. I do want my insurance plan to pay for the services I receive here. So, I think it makes sense to share that information with them. What else do I need to know?

**GORDON**

Great question. Let's talk about other decisions you'll need to make. This is what the consent form at Greenhill Treatment Center looks like. Since you've already decided that you want to share your information with your insurance company, that information would go here.

There are also other decisions that need to be made. Those decisions include indicating for what purposes you want to share your treatment information with your insurance company, and for how long.

**JENNY**

Oh, it's great to see that I can be specific about how I want to share my information.

**GORDON**

Exactly.

**JENNY**

Thank you- I'm glad to know that the decision is up to me, about what is best for my substance use treatment.

**GORDON**

Absolutely. As you can see, your name, date, and signature are required for this form to be valid.

Let's focus on this part of the consent form. Here, on this part of the form, like we just discussed, you are being asked to identify who you want to share your treatment information with. This can be one care provider or organization, a couple of care providers or organizations, or your entire care team.

Then here, on this part of the form, you can decide what the purpose of sharing the information is. Some examples of what can be written here might include "for payment of my services" or "for care coordination."

**JENNY**

I think I would want Dr. Drayton, my primary care provider, to know that I'm seeing you to assist with my recovery. But, I do share a lot of personal information here, and I don't want her knowing all of my business.

### **GORDON**

Jenny, a lot of people I see have that same concern. That is why our consent form includes space for you to write exactly what information you want to share with Dr. Drayton, like just the dates of our visits, your diagnoses, or any medication you might be prescribed.

Additionally, at Greenhill Treatment Center, we always maintain substance use treatment counseling notes separate from the rest of your treatment notes, which provides a greater level of protection to those counseling notes that contain more detailed information about your treatment.

### **JENNY**

Okay, that makes sense and makes me feel better. I think it would be helpful for Dr. Drayton to know my appointment dates, diagnoses, and my medications. Would it be okay if I only shared that information with her?

### **GORDON**

Absolutely! These are important decisions and that's why I wanted to have this conversation with you today. I didn't want to hand you this form without explaining all of the decisions you can make.

So, let's step back for a minute- it sounds like you want to share information with your health plan, and with Dr. Drayton?

### **JENNY**

Well, I do know I want to share information with my insurance plan so that they can pay for my services, but I want to think more about sharing with Dr. Drayton, or my other care providers. Would it be okay if I think about it and we discuss more during our next appointment?

### **GORDON**

That sounds good, Jenny. It is entirely up to you. Next time I see you, we can talk more about your thoughts about sharing with Dr. Drayton.

This statement reflects Key Step 6: "Close the Conversation"

### **JENNY**

That sounds good. Thank you so much.

**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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