

SUBJECT Behavioral Health Consent Form		CHAPTER 03	SECTION 03	SUBJECT 03
CHAPTER Information Management		SECTION Health Records		
WRITTEN BY Jamie Bishop	REVIEWED BY Kelly VanWormer		AUTHORIZED BY PIHP Board	

I. APPLICATION:

- | | | |
|--|--|---|
| <input type="checkbox"/> PIHP Board | <input checked="" type="checkbox"/> CMH Providers | <input checked="" type="checkbox"/> SUD Providers |
| <input checked="" type="checkbox"/> PIHP Staff | <input checked="" type="checkbox"/> CMH Subcontractors | |

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP, in accordance with the MDHHS and PIHP Contract, that the PIHP, CMH, CMH subcontractors, and SUD providers will use, accept and honor the standard release form, MDHHS-5515, created by MDHHS under Public Act 129 of 2014 to serve as a valid consent to share certain types of health information.

III. DEFINITIONS:

MDHHS-5515: Shall refer to the Consent to Share Behavioral Health for Care Coordination Purposes Form.

Health Information: Any information, whether oral or recorded in any format or medium that: (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present or future physical or mental health or condition of the individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual in 45 CFR §160.103.

IV. STANDARDS:

- A. MDHHS-5515 acts as a release for sharing specially protected health information related to mental health and substance use disorders: it is not a general HIPAA consent.
- B. Individuals, providers, and/or other organizations that are listed on the form can share information amongst each other. One-time, 1-to-1, unidirectional sharing is also permissible under the form.
- C. Individuals have the right to revoke their consent through verbal or written means at any time.

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D. Individuals must renew the MDHHS-5515 annually.

E. Should an individual end services for any reason, the consent will end the date of the discharge from services and new consent forms will be required should the individual initiate services again.

V. PROCEDURES: N/A

VI. EXHIBITS: N/A