



## POLICY AND PROCEDURE MANUAL

SUBJECT: Consent to Share Information	ACCOUNTABILITY	Effective Date: March 27, 2019	Pages: 3
REQUIRED BY	BBA Section: PIHP Contract Section: Part II(A) Section 7.9.3 Other: Mental Health Code Sections 330.1261, 330.1262, 330.1263 Other:	Last Review Date:	Past Review Date:
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual  Author:	Responsible Department: Compliance	Reviewers: NMRE Board of Directors

### Definitions

**Care Coordination:** A set of activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication and collaboration across a care team and between responsible plans. Major priorities for care coordination in the context of a care management plan include:

- Outreach and contacts/communication to support patient engagement,
- Conducting screening, record review and documentation as part of Evaluation and Assessment,
- Tracking and facilitating follow up on lab tests and referrals,
- Care Planning,
- Managing transitions of care activities to support continuity of care,
- Address social supports and making linkages to services addressing housing, food, etc., and
- Monitoring, Reporting and Documentation.

**Consent:** A written agreement executed by a recipient, a minor recipient’s parent, or a recipient legal representative with authority to execute

**MDHHS:** Michigan Department of Health and Human Services

**NMRE:** Northern Michigan Regional Entity

**Payment:** Activities undertaken by (1) health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (2) A health care provider or health plan to provide reimbursement for the provision of health care.

**PHI:** Protected Health Information

**PIHP:** Prepaid Inpatient Health Plan

**SUD:** Substance Use Disorder

**Treatment:** The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination of management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or referral of a patient for health care from one health care provider to another.

### Purpose

It is the policy of Northern Michigan Regional Entity (NMRE) to ensure compliance with MDHHS, Medicaid Managed Specialty Supports and Services Contract regarding the use and acceptance of the MDHHS Standard Release Form.

The NMRE is obligated to protect the privacy of PHI in accordance with all applicable State and Federal laws, as well as internal policies and procedures related to privacy and security of PHI. Michigan Public Act 129 of 2014 mandated that the Michigan Department of Health and Human Services (MDHHS) develop a standard release form for exchanging and sharing confidential mental health and substance use disorder information for use by public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder (form MDHHS-5515). Part II (A) Section 7.9.3 of NMRE's Prepaid Inpatient Health Plan (PIHP) Contract with MDHHS mandates that NMRE and its provider network use, accept, and honor the standard release form for the electronic and non-electronic sharing of all behavioral health and substance use disorder (SUD) PHI.

### Policy

NMRE will not use or disclose PHI without written authorization except where permitted or required by state and/or federal law(s). In obtaining written authorization for the disclosure of confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder, NMRE and its provider network shall honor, accept and use MDHHS-5515, "Permission to Share Behavioral Health Information" (hereafter referred to as "Standard Consent Form"), for the electronic and non-electronic sharing of all behavioral health and SUD information, in accordance with PA 129 of 2014, MCL 330.1141a. No other consent forms may be used for such treatment-related disclosures.

When obtaining written authorization for disclosures that do not fall under a Health Insurance Portability and Accountability Act (HIPAA) exception, a HIPAA compliant consent form shall be used. The Standard Consent Form must not be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate

consent form must be completed with the person or agency that provided those services.

Other Related Materials

1. Michigan Behavioral Health Standard Consent Form, Background Information, FAQ  
[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_58005-343686--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_58005-343686--,00.html)
2. 42 CFR Part 2, Subpart D and E
3. Public Act 129 of 2014
4. Public Act 129 of 2016
5. Public Health Code Section 333.5131
6. Mental Health Code Section 330.1141 Amendment
7. Code of Federal Regulation Title 45 Section 164.501 Definitions

Approval Signature

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NMRE Chief Executive Officer

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Date