



Substance Use Disorder Consent

Client Name: _____

Client ID: _____

Title

Substance Use Disorder (SUD) Information Sharing (HIPAA & 42 C.F.R. Part 2, as amended February 16, 2024)

Purpose

This consent authorizes **CarePlus NJ, Inc., including all current and future programs, departments, and services, to use and disclose my Protected Health Information (PHI), including SUD records, for Treatment, Payment, and Health Care operations (TPO),** and for other purposes permitted by law.

This consent also allows disclosure of information for **specific purposes beyond TPO**, consistent with federal law.

Scope / Description of Information

Includes all SUD records necessary for treatment and program operations, such as:

- Treatment summaries and progress notes
- Psychiatric assessments and evaluations
- Medication and prescribing history
- Coordination of care notes

SUD Counseling Notes:

- Kept separate from the main record
- Require a **specific authorization** to release
- Can be **revoked independently at any time** without affecting this consent or other authorizations

Disclosure Limitations

This consent **does not authorize disclosure** to:

- Family members, employers, or legal representatives
- Probation/parole, housing agencies, or other non-treating third parties
- Any purposes outside of TPO

Such disclosures require a **standalone Release of Information**.

Right to Revoke

I may revoke this consent at any time in writing, except to the extent CarePlus NJ or other lawful holders have already acted in reliance on it.

Revocation Contact:

Privacy Officer

CarePlus NJ, Inc.,

1 Kalisa Way, Suite 112,

Paramus, NJ 07652

Phone: 201-649-4466

Expiration

This consent expires **one year from the date of signing**, or upon **written revocation**.

SUD Counseling Notes Release Authorization

☐ I do NOT authorize disclosure of my SUD Counseling notes

☐ I authorize disclosure of my SUD Counseling notes

Redisclosure Notice (42 C.F.R. Part 2)

This information has been disclosed from records protected by **42 C.F.R. Part 2**. Federal rules **prohibit any further disclosure unless authorized in writing or as permitted by law**.

Part 2 records may be redisclosed by the recipient and may **no longer be protected under Part 2**, except for uses in civil, criminal, administrative, or legislative proceedings against you.

A **general authorization for the release of medical information is NOT sufficient** for redisclosure of Part 2 records. HIPAA rules may also apply but **do not override Part 2 protections**.

No Conditioning of Treatment

CarePlus NJ **will not condition your treatment or access to services** on whether you sign this consent.

Right to Receive a Copy

You have the right to **receive a copy of this signed consent** upon request.

Minor / Personal Representative Guidance

- **Minors** of any age can consent to SUD treatment without a parent or guardian; parental/guardian consent **cannot override** minor consent for SUD.
- Personal representatives must provide **documentation verifying authority** to sign

Expiration and Signature

Print Name: _____ **Date:** _____

Client/Parent/Guardian Signature: _____

Relationship to Client: _____

If applicable, signature of minor: _____

Compliance Statement

This consent complies with HIPAA (45 C.F.R. Parts 160 & 164) and 42 C.F.R. Part 2 (as amended February 16, 2024).