



Location: \_\_\_\_\_

MR #: \_\_\_\_\_

Name: \_\_\_\_\_

**CONFIDENTIALITY DISCLOSURE**

IMPRINT AREA

**KPNC's Mental Health and Chemical Dependency Services: Your Right to Privacy**

**Separation of Records**

Kaiser Permanente's Mental Health and Chemical Dependency (MH/CD) services are strongly committed to protecting your privacy. The Northern California Notice of Privacy provides general information about how your medical information is used and protected. Federal and state law protects the confidentiality of your records. Violation of federal confidentiality laws related to chemical dependency programs is a crime. Suspected violations may be reported to the appropriate authorities.

Except under limited circumstances (see examples below), Kaiser Permanente's MH/CD program may not, without your written permission, disclose information about your care to anyone outside of Kaiser Permanente. For your privacy, records of your MH/CD visits are kept separate from your outpatient medical record except that: for your personal safety, any medications or related laboratory results that have been prescribed as part of your MH/CD treatment are included in your medical record, either on paper or electronically. Mental Health diagnoses are only available to treating providers on a need-to-know basis.

**Coordination of Care**

Because MH/CD staff work as members of an integrated system of care, relevant information about your care will be exchanged among MH/CD staff as necessary. Your permission is not required to coordinate your psychiatric care with care providers within Kaiser Permanente, such as your primary care doctor. However, ordinarily we will discuss with you any necessary sharing of psychiatric information. When we share information, we only share that information which, in our professional judgment, we believe is needed for appropriate medical care by that provider. Your written authorization is normally required before any information about chemical dependency treatment can be released to anyone outside the MH/CD treatment team. A valid written authorization must specify the nature of the information to be released, identify the receiving party, and indicate when your authorization expires.

**Exceptions to Confidentiality Rules**

Examples of circumstances under which the law requires or permits us to release information, without your permission, include:

- medical and psychiatric emergencies in which the information is essential to an individual's safety
- disclosures of information to warn potential victims of violent acts
- to qualified personnel for audit or program evaluation or research. For example, you may receive surveys from persons authorized by Kaiser Permanente to conduct surveys on its behalf.
- reporting of suspected child abuse or neglect
- to report the commission of crimes on our premises or against our program personnel
- responses to court orders in which a judge has ruled that the information is necessary for the administration of justice (42 U.S.C. Section 290dd-2 for Federal laws and 42 C.F.R. Part 2 for Federal regulations)
- reports to the Department of Motor Vehicles due to lapses of consciousness

If at any time you have concerns about your privacy, you are encouraged to request clarification from your therapist or a staff member.

Acknowledgment:

By signing your name in the space below, you acknowledge that you have read and understood this document. *(Note: If the person receiving care is a minor, then a parent or legal guardian acknowledges having read and understood this document. Under certain circumstances, minors may consent to treatment themselves without parental permission.)*

SIGNED: PATIENT'S OR REPRESENTATIVE'S DATED SIGNATURE	DATE
PRINT NAME AND RELATIONSHIP TO PATIENT (IF SIGNED BY AUTHORIZED REPRESENTATIVE OF THE PATIENT)	DATE