



## DCH-3927: BEHAVIORAL HEALTH STANDARD CONSENT FORM INDIVIDUALS FREQUENTLY ASKED QUESTIONS

*A Frequently Asked Questions (FAQ) guide for Michigan residents about the Michigan Behavioral Health Standard Consent Form (DCH-3927)*

**If you have experienced domestic violence, sexual assault, and/or stalking and would like to release information on services that you received, you should refer to Question 11. You may also consult [www.michigan.gov/domesticviolence](http://www.michigan.gov/domesticviolence) for more information.**

### 1. Why am I being asked to share my health information?

You may be receiving health care from several providers or organizations. Each provider has a record about your care. Your provider may ask to share your record with another provider or organization. Here are some reasons that your provider may be asking to share your record:

- To make sure that all of your health needs have been addressed
- To ensure that any treatments you have been prescribed are safe and appropriate
- To coordinate services with other providers or organizations

### 2. Is my consent required to share my health information?

Your health care provider may share most types of health information for the purposes of payment, treatment, or health care operations under the Health Insurance Portability and Accountability Act (HIPAA). However, other federal laws and state laws require your provider to get your consent to share certain types of health information. In Michigan, providers must receive your consent to share the following types of information:

- Behavioral health or mental health services that are provided by the Michigan Department of Community Health, a Community Mental Health Service Provider, or an entity under contract with the Michigan Department of Community Health or a Community Mental Health Service Provider<sup>1</sup>
- Referrals and /or treatment for a substance use disorder<sup>2</sup>
- Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV Infection, Acquired Immune Deficiency Syndrome or AIDS Related Complex)<sup>3</sup>

The standard consent form, also known as DCH-3927, can be used to consent to share these types of information. DCH-3927 cannot be used to share psychotherapy notes as defined under federal law.

<sup>1</sup> P.A. 258 of 1974 and MCL 330.1748

<sup>2</sup> 42 CFR Part 2

<sup>3</sup> P.A 368 of 1978, MCL 333.1101 et seq. Under the Michigan Public Health Code, information may be shared without consent for prevention, care and treatment of communicable diseases.

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It is not intended to provide legal advice or to address all circumstances that might arise.  
Individuals and entities using this document are encouraged to consult their own legal counsel.*

### **3. I have a communicable disease. Do I need to provide consent to share this information?**

If you have a communicable disease, state law allows that information to be shared with health care providers, public health agencies, and public authorities to diagnosis and care for you, to protect your health, and to prevent further transmission of the disease to others. Your consent is not required to share information for these purposes. However, if you wish to share information with other agencies or providers, you should identify those agencies on your consent form.

### **4. Can I limit what information will be shared?**

Under Section 2 on the form, you have two options for deciding what information you want to have shared. You may choose to share all of your information or only some of it. If you choose to only share some of your information, you must list under Section 2 what information you do **not** want shared. You should speak with your provider or their staff about the benefits and risks of sharing only part of your health information.

### **5. Why will my health care provider share my health information?**

Your provider can share your health information listed in question 2 to help diagnose, treat, and manage, and get payment for your health needs. Ask your provider or organization if you have specific questions as to why or how your health information will be shared.

### **6. With whom will my provider share this information?**

You can list any provider, agency, organization that you want to share your health information. You must write the name of the individual, agency, or organization that you want to share and receive your information under Section 1. Please note that any individual, agency, or organization that you list on the form can share information with other individuals, agencies, and organizations listed on the form. If you have any questions, you can ask your health care provider or his or her staff to explain the process to you.

### **7. What if I do not consent to share my health information?**

Your consent is voluntary, and your decision not to consent will not affect your ability to get mental health or medical treatment, health insurance or benefits. However, if you do not provide consent, your provider may not be able to share parts of your health information such as your behavioral health records or substance use disorder treatment records. If you do not provide consent, your substance use disorder provider or organization may not be able to bill your insurance and may require that you pay out-of-pocket for substance use disorder treatment. You should discuss this with your substance use disorder provider or organization.

Your provider may still share information under HIPAA that does not need additional consent under state or federal laws. HIPAA allows providers to share this information without your consent for purposes such as payment, treatment, and health care operations.

### **8. How will my information be shared?**

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Your provider may share your information verbally or through mail, fax, or by using another electronic method. You may talk with your provider about how he or she will share your information.

**9. If I provide my consent now, can I withdraw it at a later time?**

Yes, you may withdraw your consent at any time. To withdraw your consent, fill out the “Withdraw of Consent” Section or tell your provider that you wish to withdraw your consent. You must notify all providers and organizations listed on your form that you no longer consent to share your information. If you are withdrawing consent to share information for only some of the providers and organizations on the form, you must notify all providers and organizations listed on the form of this change.

You should keep a copy of the form that you used to withdraw consent. Information that has already been shared based on your consent cannot be taken back. Your provider may still share information under HIPAA that does not need additional consent under state or federal laws. HIPAA allows providers to share most kinds of health information with other providers or organizations for purposes such as payment, treatment, and health care operations.

**10. Will my health care provider keep my information confidential?**

HIPAA and certain other federal and state laws require your provider to protect your health information. Your provider must meet privacy and security requirements under these laws. You may ask your provider about how he or she protects your health information.

**11. I have experienced domestic violence, sexual assault, and/or stalking. This document says that I must complete a separate consent to share health information. Why is this? What should I do?**

Additional safeguards may need to be in place before your health information can be shared. Talk to your provider if you have concerns about sharing your health information. You may also visit the Department of Human Services website at [www.michigan.gov/domesticviolence](http://www.michigan.gov/domesticviolence) for additional information.

**12. If I have questions about the form, who can I ask?**

You can ask your health care provider, his or her staff, or your patient advocate. You can also contact the Michigan Department of Community Health by phone at 844-275-6324, online at [www.michigan.gov/BHconsent](http://www.michigan.gov/BHconsent), or by email at [MDCH-BHConsent@michigan.gov](mailto:MDCH-BHConsent@michigan.gov).