

## **Information about MDHHS 5515 for Health Care Providers and Organizations Serving People Who Have Experienced Domestic Abuse, Sexual Assault, Stalking, or Another Crime**

Because many people have more than one health care provider, systems for sharing information among providers have been developed to prevent mistakes, coordinate care, and save time and money. Although sharing health information among care providers has many benefits, it may also present safety risks for individuals who have experienced domestic abuse, whether or not the abuse is punishable as a crime.\* Information-sharing may also be risky for people who have experienced other crimes, especially in cases involving criminal domestic violence, sexual assault, or stalking, where the crime victim and perpetrator often have a past or present personal relationship. These Frequently-Asked Questions provide guidance for helping at-risk individuals make informed decisions about consent to share their behavioral health information. If a person in your care decides to share his or her health information, these questions will also explain how the person may give consent in a way that reduces the risks from domestic abuse, sexual assault, stalking or other crimes.

### **1. When should health care providers use MDHHS-5515 for release of behavioral health information? When should a separate form be used?**

Under the federal Health Insurance Portability and Accountability Act (HIPAA) and the Michigan Mental Health Code, covered entities may share most types of health information for purposes of payment, treatment, and coordination of care. However, other federal and Michigan laws require that providers receive specialized consent to share the following types of health information:

- Information about behavioral health or mental health services that are provided by the Michigan Department of Health and Human Services, a Community Mental Health Service provider, or an entity under contract with the Michigan Department of Health and Human Services or a Community Mental Health Service provider.
- Referrals and treatment for a substance use disorder.

The Michigan Department of Health and Human Services has created MDHHS-5515 for sharing these types of information, as required under Public Act 129 of 2014. For more information about this form, see [www.michigan.gov/bhconsent](http://www.michigan.gov/bhconsent).

The MDHHS-5515 consent form cannot be used in all cases:

---

\*While some tactics of domestic abuse (like physical assaults) are punishable as crimes, other tactics that might be just as damaging are not. Non-criminal acts of domestic abuse include: isolating a partner from family, friends, and other sources of support; blocking a partner's access to money, vehicles, food, medicine, or healthcare; and belittling, humiliating, or intimidating a partner.

- It cannot be used for consent to share psychotherapy notes.
- It cannot be used by organizations or providers that receive certain types of federal funding to provide behavioral health services to individuals who have experienced domestic abuse, sexual assault, stalking, or other crimes. For reasons explained in [question 4](#), providers receiving funding under the federal Violence Against Women Act (VAWA), the Family Violence Prevention and Services Act (FVPSA) and the Victims of Crime Act (VOCA) must use specialized consent forms that can be tailored to reduce the risks of revealing personally identifying information to abuse or crime perpetrators.

***If you receive federal funding under VAWA, VOCA, and/or FVPSA, and you have provided someone with services for domestic abuse, sexual assault, stalking, or other crimes***, do not use MDHHS-5515 to obtain that person's consent to release information about behavioral or mental health services, or referrals or treatment for substance use disorders. Instead, use a specialized form designed to address the heightened safety and privacy concerns that this person may have. The National Network to End Domestic Violence has developed a sample Client Limited Release of Information form for federal grantees that you may adapt (available in [English](#) and [Spanish](#)). You can also find considerations for developing a specialized consent form in [question 7](#).

***if you DO NOT receive federal funding under VAWA, VOCA, and/or FVPSA, and you have provided someone with services for domestic abuse, sexual assault, stalking, or other crimes***, use of MDHHS-5515 is neither prohibited nor required. Your decision whether to use this form should be informed by a discussion about the potential risks and benefits of information-sharing with the person you are serving, keeping in mind that this form may not address the heightened safety and privacy concerns the person may have. The National Network to End Domestic Violence has developed a sample Client Limited Release of Information form for federal grantees that you may adapt (available in [English](#) and [Spanish](#)). You can also find considerations for developing a specialized consent form in [question 7](#).

***If you are seeking health information about a person who has received services for domestic abuse, sexual assault, stalking, or other crimes from another provider***, you should discuss the potential risks of information-sharing with that person before asking him or her to complete MDHHS-5515 or another consent form. As a best practice, it is preferable to have the other provider obtain the person's consent, regardless of that provider's source of funding. The other provider is likely better able to develop a written consent form that addresses the person's safety and privacy concerns, based on that provider's knowledge of the person's situation.

## **2. Is there a standard separate form for people who have experienced domestic abuse, sexual assault, stalking, or another crime?**

No standard separate form has been developed for obtaining consent to release information about behavioral or mental health services, or referrals or treatment for substance use disorders

from individuals receiving services for domestic abuse, sexual assault, stalking, or other crimes. The National Network to End Domestic Violence has developed a sample Client Limited Release of Information form for federal grantees that you may adapt (available in [English](#) and [Spanish](#)). You can also find considerations for developing a specialized consent form in [question 7](#).

**3. Not all of the people I serve are receiving services for domestic abuse, sexual assault, stalking, or other crimes. Can I use MDHHS-5515 for these individuals?**

If the agency you work for receives grant funding under the Violence Against Women Act, the Victims of Crime Act, and/or the Family Violence Prevention and Services Act, follow your federal grant guidelines.

If the agency you work for does NOT receive federal funding under the Violence Against Women Act, the Victims of Crime Act, or the Family Violence Prevention and Services Act, the answer is YES. Consideration of a separate form is only needed for individuals who received services for domestic violence, sexual assault, or stalking.

**4. Why is a separate consent form needed to release behavioral health information for individuals receiving services for domestic abuse, sexual assault, stalking, or other crimes?**

Abuse or crime perpetrators seeking to locate or harm another individual may use coercive, manipulative, or fraudulent means to obtain the sensitive, private information needed to carry out their intent. If confidentiality is not assured, fear of the consequences of disclosure may cause at-risk individuals to withhold critical information, or prevent them from seeking supportive services and/or treatment. Some possible adverse consequences from disclosure include:

- For individuals in hiding from abuse or crime perpetrators, disclosure of locating information can result in serious injury or death at the hands of the perpetrator. For these individuals, even the disclosure of a service provider's location or the time and date of appointments can be clues that provide perpetrators access to their targets.
- Some perpetrators threaten serious or lethal harm to their targets or to other people who are important to their targets in retaliation for disclosures of abuse. Information on an insurance form, billing statement, or other health care record that a target has consulted with a provider may result in retaliatory violence, particularly if the provider can be identified as an expert in domestic abuse, sexual assault, stalking, or other crimes.
- A perpetrator who learns that a target has sought health care may subpoena the provider's records in the context of a court case. Information in the records may be used to prejudice the target in a child custody dispute, or child protective proceeding, or to damage the target's credibility as a witness against the perpetrator in a criminal case.
- A perpetrator may use the fact that a target has sought health care to embarrass or humiliate the target in front of supportive friends, family members, or faith community members, or to create doubts about the target as a prospective employee or tenant.

To address the heightened safety and privacy concerns for individuals who have experienced domestic abuse, sexual assault, stalking or other crimes, care providers receiving funding under the federal Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), and Family Violence Prevention and Services Act (FVPSA) must follow strict requirements for obtaining consent to release health information. Although these requirements apply only to funded care providers, all providers are encouraged to follow them, because they describe best practices to promote safety regardless of how the provider is funded. The National Network to End Domestic Violence has developed a sample form that meets federal standards (available in [English](#) and [Spanish](#)). You can also find considerations for developing a specialized consent form in [question 7](#).

**5. What's the difference between MDHHS-5515 and a specialized form that is tailored for use by individuals who have experienced domestic abuse, sexual assault, stalking, or another crime?**

Although MDHHS-5515 provides a convenient mechanism for coordination of care through information sharing, it was not designed to account for the heightened risks that may be faced by people receiving services for domestic abuse, sexual assault, stalking, or other crimes.

- The standard form allows releases of information to multiple recipients, each of whom may have different obligations and policies regarding further disclosures. People with concerns about domestic abuse, sexual assault, stalking, or other crimes need to know how the information they release will be treated in the hands of each recipient. They may have difficulty keeping track of the risk of further disclosures if they are asked to release information to multiple recipients at the same time. Furthermore, for individuals who need to protect their confidential information in the context of legal proceedings, a release to multiple recipients may inadvertently result in unintended waivers of statutory privileges.
- General-purpose disclosures such as those on MDHHS-5515 may put individuals at greater risk because they are not narrowly tailored to meet specific, well-defined goals. People with concerns about domestic abuse, sexual assault, stalking, or other crimes must limit information-sharing to the minimum amount necessary to accomplish specific, well-defined purposes.
- The 1-year time frame provided in MDHHS-5515 may permit disclosures of information beyond a time when this is safe. Perpetrators of domestic abuse, sexual assault, stalking, and other crimes are often volatile individuals who engage in unpredictable behavior. Particularly in cases involving violence against family members or intimate partners, a perceived loss of control over a victim can cause a perpetrator's threatening or violent behavior to escalate in an effort to reassert power. Releases of information that were safe at one point in time may put an individual at risk days or weeks later. Thus, releases of

information for people with safety concerns must be limited to the minimum time necessary to accomplish a specific, well-defined purpose.

**6. I am not subject to federal grant requirements that prohibit me from using MDHHS-5515. How can I find out which consent form is appropriate for a person who received my services for domestic abuse, sexual assault, stalking or another crime?**

Have a discussion with the person about the risks and benefits of releasing information, and be alert for signs that the person's consent will not be voluntarily given. Questions you might discuss include:

- What are your goals in sharing this information? How will sharing the information help you reach your goals?
- Will the consent form allow access to more information than is needed to accomplish your goals for sharing it?
- Will the provider to whom your information is released keep your information confidential? If not, with whom might it be shared?
- How might the information be used against you?
- Will releasing the information give the person you fear easier access to you or to sensitive private information about you?
- Do you expect to be involved in a court case (e.g., a criminal, divorce or child custody case) where the information you release might be used against you? Note that for individuals involved in court cases, a release that is overbroad may result in a waiver of any privilege that may have otherwise protected a person's records.

**7. What should I do if the person I'm serving needs extra safeguards to protect his or her safety or privacy?**

If the person you're serving needs extra safeguards for his or her behavioral health information, consider whether there are ways to share it that minimize the risk, for example:

- You or the person you are serving could verbally and directly share the information in a phone call or a face-to-face appointment with the prospective recipient.
- You or the person you are serving could make the information available from another source that isn't confidential.
- You could provide the information by way of an independent letter or another written document that clearly states it is not part of your files or records.

If you and the person who received your services decide that a written release is necessary, take these steps:

- Review the contents of the file or any other relevant information with the person to determine the minimum amount needed to accomplish the person's purpose.
- Give the person an opportunity to correct inaccurate or incomplete information.

- Determine how much time will be needed to accomplish the person’s purpose and limit the duration of the release to that period.
- Limit unnecessary disclosures to multiple recipients. If disclosures to multiple recipients are needed, use a separate release form for each one.
- Use a consent process and form that has the following characteristics:
  - An individual’s consent to share information must be voluntary and revocable at any time. Provision of services must not be conditioned upon signing any release.
  - The consent form should contain specific beginning and ending dates, and be limited to a period not to exceed 30 days. If more time becomes necessary, the form should provide for the individual to specifically extend its duration in writing.
  - The consent form should describe the information to be shared as specifically and narrowly as possible. Blanket releases of information may be unsafe.
  - The consent form should describe the purpose for the release as specifically and narrowly as possible.
  - The consent form must clearly identify the recipient of the information at issue. To avoid confusion arising from differing confidentiality restrictions among care providers and inadvertent disclosures, the information released on any consent form must be limited to one recipient. Separate forms should be used for multiple recipients of information.
  - The consent form should identify the means by which the information will be transmitted (e.g., verbally, in writing, electronically, etc.).
  - The consent form should provide places for both the individual and provider to sign and date it.

To mitigate the risks of disclosure, releases of information for individuals who have experienced domestic abuse, sexual assault, stalking, or another crime must be written, and limited to a specific time and purpose. Additionally, these individuals should be fully informed about the form and timing of any disclosure, so that they can take adequate measures to safeguard themselves against possible negative consequences. The National Network to End Domestic Violence has developed a sample written consent form for adaptation by federal grantees (available in [English](#) and [Spanish](#)).

**8. What should I do if I provided someone with services for domestic abuse, sexual assault, stalking, or another crime, and I receive MDHHS- 5515 from another provider with this person’s signature?**

***If you or the agency you work for receive grant funding under the Violence Against Women Act (VAWA), the Victims of Crime Act (VOCA), and/or the Family Violence Prevention and Services Act (FVPSA), you may not honor or accept this form. You must obtain the person’s written consent on a specialized form before disclosing any personally identifying or***

individual information about the person. This includes information about whether or not you provided services to the person.

- Discuss concerns about MDHHS-5155 with the person as described in [question 6](#). If a release is needed, ask the person if he or she is willing to sign a separate consent form that is specifically targeted to address any safety concerns. The National Network to End Domestic Violence has developed a sample form for federal grantees (available in [English](#) and [Spanish](#)). You can also find considerations for developing a specialized consent form in [question 7](#).
- If you can do so without disclosing personally identifying or individual information about the person, you may wish to give the provider who sent you the MDHHS-5515 form general information about the federal confidentiality restrictions you must follow.

***If you or the agency you work for do NOT receive federal funding under the Violence Against Women Act, the Victims of Crime Act, or the Family Violence Prevention and Services Act, you must honor and accept MDHHS-5515 unless you are held to more stringent requirements under another federal law or regulation. However, you should discuss concerns about this form with the person who signed it, as described above in [Question 6](#). This will give the person an opportunity to withdraw his or her consent if it presents safety concerns. Information on withdrawal of consent is available in MDHHS Pub- 1101, Frequently Asked Questions for Providers and Organizations About the MDHHS-5515, available at [www.michigan.gov/bhconsent](http://www.michigan.gov/bhconsent).***

## **9. What are referral resources for individuals who have experienced domestic violence, sexual assault, stalking, or other crimes?**

**[National Domestic Violence Hotline](#)**: Call toll-free 24 hours a day anywhere in the U.S. Trained counselors provide confidential crisis intervention, support, information, and referrals to persons experiencing domestic abuse, as well as to their families and friends. The hotline also links people to help in their area including shelters, counseling, legal advocacy and social assistance programs. Help is provided in English and Spanish with interpreters available for 139 more languages. All calls are confidential and anonymous.

- By telephone: 1-800-799-SAFE (7233).
- For Deaf individuals: 1-800-787-3224 (TTY) / Video phone: 1-855-812-1001 (Monday to Friday, 9 AM—5 PM PST). Deaf individuals can also contact the Hotline using Instant Messenger (DeafHotline) or Email [deafhelp@thehotline.org](mailto:deafhelp@thehotline.org).
- For the same services by live chat, visit: <http://www.thehotline.org/what-is-live-chat/>.

**[National Sexual Assault Hotline](#)**: Chat or call toll-free 24 hours a day or anywhere in the U.S. This service provides confidential counseling and support for individuals who have experienced sexual assault. The hotline automatically routes calls to the rape crisis center nearest the caller by reading the area code and prefix of the caller's phone number.

- By telephone: 1.800.656.HOPE (4673).
- Chat online: <https://ohl.rainn.org/online/>.

***For victims of stalking or other crimes that do not also involve sexual assault or a perpetrator who is in a domestic relationship with the victim:***

**VictimConnect**: Provides confidential referrals and resources, including information about self-care and crime victim rights.

- To receive assistance by telephone, call 855-4-VICTIM (855-484-2846) from 8:30am – 7:30pm.
- Online chat is available 9:30am – 6:30pm.
- Specific information on stalking can be found at the [National Stalking Resource Center](#)

### ***Michigan Resources***

- To find the Michigan domestic violence or sexual assault program that is nearest your location, visit [www.michigan.gov/domesticviolence](http://www.michigan.gov/domesticviolence), or the Michigan Coalition to End Domestic and Sexual Violence at [www.mcedsv.org/help/find-help-in-michigan.html](http://www.mcedsv.org/help/find-help-in-michigan.html).
- Assistance for members of Native American communities who have experienced domestic violence, sexual assault, or stalking can be found by contacting Uniting Three Fires Against Violence at (906) 253-9775.
- The Community Health and Research Center at the Arab Community Center for Economic and Social Services (ACCESS) offers a Victims of Crime Program that serves any victim of crime in the southeast Michigan community, including Wayne, Macomb and Oakland counties. Services include counseling, psychiatric services, case management and legal advocacy for victims of domestic violence, child abuse, sexual abuse, rape, hate crimes, robbery, assault, theft, burglary, and survivors of homicide. Contact them at 313-216-2225 or [www.accesscommunity.org/node/329](http://www.accesscommunity.org/node/329)
- The [La Vida Partnership](#) is a community program of the Community Health and Social Service (CHASS) Center in Detroit. La Vida Partnership is a domestic violence and sexual assault intervention and prevention program that provides linguistically and culturally appropriate services and resources targeted to Latino/a youth and families in Southwest Detroit and Southeast Michigan. Services are available in English and Spanish.
  - CHASS Center phone number: 313-849-3920. Persons in an abusive relationship who need help can select option “6” during the program’s hours of operation. Persons in need of immediate assistance should contact 911 or First Step Domestic Violence hotline at 888-543-5900.
  - Hours of Operation  
M, W, Th, F: 8:00 am - 5:00 pm  
Tuesday: 8:00 am - 8:00 pm  
Saturday: 8:00 am - 12:30 pm

## 10. What should I do if the person I am serving is in immediate danger?

Take all discussions of fear and safety seriously and ensure that there is a safe and private area where you can discuss safety options with the person.

- **Calling for help:** Explore whether the person has any safety strategies that have worked in the past. For help with questions about safety, call one of the referral agencies listed in [question 9](#). If the person wants to call a local helping agency or a hotline, offer the use of a phone in a place where the person can speak privately. You might also offer the use of a phone to contact friends, family, or other sources of assistance.
- **If the person does not want to contact a local agency or a hotline,** ask if he or she would like you to call on his or her behalf, without disclosing any identifying information. Local victim advocacy programs and hotlines should be able to walk you through some basic safety strategies. If the resource you are contacting can provide confidential assistance, assure the person that this is the case. However, you should honor the person's decision not to call for help, unless there is an imminent threat to the person or others from a perpetrator on the premises. In that case, call 9-1-1.

Even if the person does not want to make a call for help, you can provide written information about helping agencies and hotlines. Local agencies should be able to supply written information free of charge. You can download information from the National Domestic Violence Hotline at this website: <http://www.thehotline.org/resources/download-materials>. You can either give any written information directly to the person, or make it available in places where people can take it discreetly, such as restrooms. If you provide written information, explore what the person will do with any paperwork or written information that she/he is taking home, especially if she/he still lives with the person she/he fears.

Finally, consider what the person will do when she/he leaves your office and where she/he will go. Explore safety options for the rest of the day. Ask questions like: "What is your mode of transportation and is it safe? Where is your car parked? Do you have a safe place to spend the night?"