

Frequently Asked Questions for Michigan Residents About the MDHHS-5515, Consent to Share Behavioral Health Information for Care Coordination Purposes

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 12.

You may also visit www.michigan.gov/domesticviolence for more information.

1. Why am I being asked to share my behavioral 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:

- Make sure that all of your health needs have been addressed.
- Ensure that any treatments that you have been prescribed are safe and appropriate.
- Coordinate services with other providers or organizations.

2. Is my consent required to share my all 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 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 Provider¹.
- Referrals and/or treatment for a substance use disorder².

Behavioral Health Consent form, also known as MDHHS-5515, can be used to consent to share these types of information. MDHHS-5515 cannot be used to share psychotherapy notes as defined under federal law.

3. What is behavioral health information?

Behavioral health services may address mental health needs and substance use disorders. Providers keep records on the behavioral health services that individuals receive. These records are known as “behavioral health information.” Federal and state law require your provider to receive consent to share your behavioral health information with other providers.

¹ PA 258 of 1974 and MCL 330.1748

² 42 CFR Part 2

4. I have a communicable disease. Do I need to provide consent for this information to be shared?

MDHHS-5515 is a consent form for the sharing of behavioral health information. You can use the form to consent to share mental health records and substance use disorder records.

Under HIPAA, your provider can share most communicable disease information with other health care providers. Additionally, your provider must report certain communicable disease information to public health officials. You can ask your provider about what types of communicable disease information may be shared or reported under state and federal laws.

5. Can I limit what information will be shared?

Under Section II 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 II what information you do not want shared. You should speak with your provider or his or her staff about the benefits and risks of sharing only part of your health information.

6. Why will my health care provider share my health information?

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

7. 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 I. 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.

8. 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 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 issue 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.

9. How will my information be shared?

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

10. 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.

11. 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.

12. 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 Michigan Department of Health and Human Services website at:

www.michigan.gov/domesticviolence for additional information.

13. 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 Health and Human Services by phone at 844-275-6324, online at www.michigan.gov/bhconsent, or by email at MDHHS-BHConsent@michigan.gov.

14. Can I share health information with family members and friends by using this form?

Yes, you may consent to share mental health or substance use disorder information with family members and friends by listing those individual on this form. The following briefing document from the Office of Civil Rights provides guidance about the sharing of physical health information to family and friends under HIPAA.

<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/sharing-family-friends.pdf>

15. If I have a guardian, can my guardian complete this form and provide consent to share health information on my behalf?

Your guardian may complete this form and provide consent to share health information on your behalf. You should review the guardianship order to determine whether your guardian has the authority to make health care decisions on your behalf.

16. If I am a minor, can I consent to share my health information using this form, or is my parent required to consent?

A minor may be able to complete this form and provide consent to share health information without parental consent. For more information, please review the following document on this issue:

https://www.networkforphl.org/_asset/kbctjq/MinorsPrivacy.pdf



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