

**Bulletin Number:** MSA 18-44

**Distribution:** All Providers

**Issued:** November 30, 2018

**Subject:** Standard Consent Form

**Effective:** January 1, 2019

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, Children’s Waiver Program, Maternity Outpatient Medical Services, MICHild, Children’s Serious Emotional Disturbance Waiver, MI Health Link, Habilitation Supports Waiver

### **Purpose**

In order to provide greater access and coordination of care for behavioral health and substance use disorder services, the Michigan Department of Health and Human Services (MDHHS) will implement the use of a standard consent form (MDHHS-5515 – Consent to Share Behavioral Health Information for Care Coordination Purposes) for release of information and records. The MDHHS-5515 must be used for all providers requesting release of information for behavioral health and/or substance use disorder related information. The consent is required to be accepted, honored and used for all Fee for Service (FFS), Managed Care and Prepaid Inpatient Health Plan (PIHP) beneficiaries both from and to any of those providers or entities. The MDHHS-5515 is maintained and updated on the MDHHS website at [www.michigan.gov/bhconsent](http://www.michigan.gov/bhconsent).

### **Standard Consent Form**

The purpose of the MDHHS-5515 is to enable providers and organizations to share certain types of behavioral health and substance use disorder information that have special privacy protections under federal and state law. The MDHHS-5515 is routinely evaluated and updated on an as-needed basis. MDHHS created this form in compliance with Public Act 129 of 2014, which directs MDHHS to:

“...[D]evelop a standard release form for exchanging confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability or substance use disorder.”

All providers shall ensure that the standard release form will be accepted, honored and used according to the provisions of Public Act 129 of 2014.

Providers receiving federal funding under the Victims of Crime Act of 1984 (VOCA), Violence Against Women Act, and/or Family Violence Prevention and Services Act should not use the MDHHS-5515 because they are subject to stringent consent requirements under these federal laws that are not satisfied by the form. These requirements are in place to address the heightened safety and privacy concerns that victims of domestic violence, sexual assault, stalking, or other crimes may have. These individuals may need additional safeguards for their behavioral health information.

For guidance on addressing issues related to consent and the provision of services for domestic violence, sexual assault, stalking, or other crimes, refer to the MDHHS website at [www.michigan.gov/bhconsent](http://www.michigan.gov/bhconsent).

### **Freedom of Choice**

An individual may choose how this form is used. The individual may choose:

- To share their information with specific individuals or organizations.
- To share their information with organizations that facilitate the electronic exchange of information.
- To share their information with all their past, current and future treating providers.
- To consent to the sharing of all or only part of their records as designated on the form.
- A specific time-frame for which the form applies. Note: If no time-frame is indicated, the form is good for one year and must be renewed thereafter.

In addition:

- The MDHHS-5515 may be used to allow disclosure of behavioral health and substance use disorder information to family members and friends of the individual designated on the form.
- A legal guardian may complete this form and provide consent to share health information on behalf of the individual. Health care providers and other organizations must ensure the guardian has the legal authority to make such health care decisions.
- A minor may complete this form and consent to the sharing of information without parental consent when permitted under state law.
- The individual may revoke consent at any time either verbally or in writing.

### **Conditions and Signature**

- Misuse of the form for other than intended purposes is strictly forbidden.
- An individual must personally sign the consent form either in person or through a computer-generated (electronic) signature.
- The individual may use a signature stamp or an "X" as a means of signature.
- All alternate forms of signature must be countersigned by a witness of the individual's choice. The witness signature should appear directly below the individual's signature.
- All signatures must be dated. The countersignature date must match the date the individual signed the consent.

## **Interpreter Services**

An interpreter must be provided to assist the individual if the individual does not understand the language used on the consent form or the language used by the person obtaining the consent.

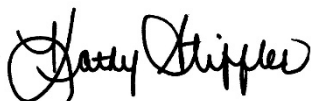
## **Manual Maintenance**

Providers should retain this bulletin until applicable information has been incorporated into the Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## **Approved**

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive style with a large initial "K".

Kathy Stiffler, Acting Director  
Medical Services Administration