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**Information about Consent forms**

**for Clients Seeking Substance Abuse Treatment**

1. **AUTHORIZATION FOR DISCLOSURE AND USE OF SUBSTANCE USE DISORDER PROTECTED HEALTH INFORMATION**: This form allows substance use treatment information to be shared for treatment, payment and healthcare operations. Information will be shared among: King County BHRD, the Washington State Health Care Authority, and the insurance plan that pays for a client’s healthcare. These plans are: Amerigroup, Community Health Plan of Washington, Coordinated Care, United Healthcare and Molina.
	1. This form is required. If a client does not sign this form, KCBHRD cannot authorize and pay for services.
	2. Agencies must keep a copy of the signed form in the client record.
2. **CONSENT FOR RELEASE of SUBSTANCE USE DISORDER TREATMENT INFORMATION for SERVICE COORDINATION.** This form allows substance use treatment information to be shared for the purpose of service coordination. Information will be shared, as needed, with mental health, substance use, and healthcare treatment agencies.

a. Sharing information with these agencies can be critical to effective care, so we highly encourage clients to sign this form. However, a client will not be denied services for refusing to sign it.

1. Agencies must keep a copy of the signed form in the client record.