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| Section:<br><b>Compliance</b>   | Policy Name:<br><b>Use of MDHHS Standard Consent Form (MDHHS-5515)</b>  | Policy Number:<br><b>10.21</b>       |
| Owner:<br><b>Chief Compliance Officer</b>   | Reviewed By:<br><b>Mila C. Todd</b>   | Total Pages:<br><b>3</b>             |
| Required By:<br><input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/><br>NCQA<br><input type="checkbox"/> Other (please specify):<br>_____  | Final Approval By:<br><br><u><i>Mila C. Todd</i></u><br>Mila Todd (Jul 31, 2024 15:19 EDT)  | Date Approved:<br><br>Jul 31, 2024   |
| Application:<br><input checked="" type="checkbox"/> SWMBH Staff/Ops<br><input checked="" type="checkbox"/> Participant CMHSPs<br><input checked="" type="checkbox"/> SUD Providers<br><input checked="" type="checkbox"/> MH/IDD Providers<br><input type="checkbox"/> Other (please specify):<br>_____ | Line of Business:<br><input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____<br><input checked="" type="checkbox"/> Healthy Michigan<br><input checked="" type="checkbox"/> SUD Block Grant<br><input checked="" type="checkbox"/> SUD Medicaid | Effective Date:<br><b>10/01/2015</b> |

**Policy:** Southwest Michigan Behavioral Health (SWMBH) will not use or disclose protected health information (PHI) without written authorization except where permitted or required by state and/or federal law(s). In obtaining written authorization for the disclosure of 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, SWMBH and its provider network shall honor, accept and use MDHHS-5515, "Permission to Share Behavioral Health Information" (hereafter referred to as "Standard Consent Form"), for the electronic and non-electronic sharing of all behavioral health and SUD information, in accordance with PA 129 of 2014, MCL 330.1141a. No other consent forms may be used for such treatment-related disclosures.

When obtaining written authorization for disclosures that do not fall under a Health Insurance Portability and Accountability Act (HIPAA) exception, a HIPAA compliant consent form shall be used.

The Standard Consent Form must not be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate consent form must be completed with the person or agency that provided those services.



SWMBH recognizes that a Consent Form is not required for all disclosures, where an exception is provided by law.

**Purpose:** Southwest Michigan Behavioral Health (SWMBH) collects and maintains member protected health information (PHI) that includes personal identifiers, enrollment, eligibility, treatment, and dependent and qualifying event information.

SWMBH is obligated to protect the privacy of PHI in accordance with all applicable State and Federal laws, as well as internal policies and procedures related to privacy and security of PHI. Michigan Public Act 129 of 2014 mandated that the Michigan Department of Health and Human Services (MDHHS) develop a standard release form for exchanging and sharing confidential mental health and substance use disorder information for use by 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 (form MDHHS-5515). Schedule A, Section (1)(N)(8) of SWMBH's Prepaid Inpatient Health Plan (PIHP) Contract with MDHHS mandates that SWMBH and its provider network use, accept, and honor the standard release form for the electronic and non-electronic sharing of all behavioral health and substance use disorder (SUD) PHI.

**Scope:** SWMBH and its provider network

**Responsibilities:**

SWMBH and its entire provider network are required to accept, use, and honor the MDHHS Standard Consent Form (MDHHS 5515) for treatment related disclosures when a release of information is required.

Upon securing the MDHHS Standard Consent Form (MDHHS 5515) from an individual, SWMBH and its provider network must ensure the individual is offered a copy of the signed MDHHS 5515 and document whether the individual received or declined a copy. MDHHS 5515 provides for this documentation in the "Form Copy" box of the form.

**Definitions:**

A. **Protected Health Information (PHI)** – has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations.

**Standards and Guidelines:** None.

**References:** PA 129 of 2014, MCL 330.1141a; 45 CFR §164.508

**Attachments:** MDHHS 5515

**Revision History**



# 10.21 Use of MDHHS Standard Consent Form (MDHHS 5515)

Final Audit Report

2024-07-31

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## "10.21 Use of MDHHS Standard Consent Form (MDHHS 5515)" History

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