

Client Name: _____ Client # _____

SUDS



Santa Cruz Office
1400 Emeline Avenue
Santa Cruz, CA 95060
Phone: (831) 454-4170
Fax: (831) 454-4663

Watsonville Office
1430 Freedom Blvd. Suite F
Watsonville, CA 95076
Phone: (831) 763-8200
Fax: (831) 763-8231



SUBSTANCE USE SERVICES CONSENT FOR ELECTRONIC HEALTH RECORD EXCHANGE

County of Santa Cruz Behavioral Health Services, and Network Providers utilize a secure, shared Electronic Health Record (EHR) system called Avatar to store your Protected Health Information (PHI). PHI that is stored in the shared EHR system includes but is not limited to your personal identifying information, payment information, assessments, care plans, progress notes, medications, and drug testing results. Having your PHI stored in the shared EHR system provides many benefits to you by allowing your care providers faster access to your health records and enabling them to better coordinate your care to ensure the best possible treatment for you. In the event of an emergency or disaster, consenting to allow your treatment providers to access your PHI in the shared EHR allows your care providers to give you faster, more effective, timely treatment when it matters most. County of Santa Cruz Behavioral Health Services and Network Providers are committed to upholding the confidentiality of all EHR stored in Avatar in accordance with both federal and State privacy regulations including Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 and the CARES Act. Only providers directly involved with your care have authorization to access your EHR for the purposes of treatment, care coordination, payment, or healthcare operations.

Current List of Avatar Providers

County of Santa Cruz Mental Health Treating Providers • County of Santa Cruz SUD Treating Providers
Encompass Mental Health Treating Providers • Encompass Community Recovery SUD Treating Providers
• Janus of Santa Cruz SUD Treating Providers • Sobriety Works SUD Treating Providers • New Life
Community Center SUD Treating providers • Volunteer Center Mental Health Treating Providers • Front
Street Mental Health Treating Providers • Pajaro Valley Prevention & Student Assistance Mental Health
Treating Providers • Pajaro Valley Prevention & Student Assistance SUD Prevention Treating Providers •
Haven of Hope Mental Health Treating Providers • Parent Center Mental Health Treating Providers •
Telecare Crisis Stabilization Program

Current List of Care Coordination Partners

• Housing for Health • Central California Alliance for Health (CAAH - Medi-Cal Insurance Plan) • CCAH
Enhanced Care Management Teams • Kaiser Medi-Cal Insurance Plan • Health Care Facilities

How Is My Privacy Protected?

County of Santa Cruz Behavioral Health Services and participating Network Providers use a combination of safeguards to protect your PHI. Technical safeguards include encryption, password protection and the ability to track every viewer's usage of the system. All participating providers must agree to follow written policies controlling access to information through the shared EHR system. Participating providers must follow federal 42 CFR Part 2, CARES Act and HIPAA regulations; in addition to federal and State privacy laws. Please refer to our Notice of Privacy Practices for more information.

Your Consent Rights

You have the right to either give or deny consent to have your PHI exchanged with participating network providers in the shared EHR system. If you deny consent, to exchange your PHI over the shared EHR system, it will not affect your ability to obtain treatment or your eligibility for benefits. When you deny consent, your EHR will be “sequestered”, meaning your PHI will be stored in the EHR system but will only be viewable to the agency where you currently receive services. With the exception of your first and last name, your EHR would not be searchable to anyone else in the network. When “sequestered” your treatment providers from different programs will not be able to view or share information with each other over the shared EHR system. Having your EHR sequestered will impact your providers ability to get access to the most relevant treatment information about you, which would impact their ability to coordinate your services in a timely manner and provide you with the best quality of care.

If you give consent for your PHI to be exchanged over the shared EHR, you have the right to revoke your consent at any time. This revocation must be in writing. You also have a right to request, in writing, a list of entities to whom your information has been disclosed within the last two years. The County must respond within 30 days to this written request. You have a right to receive a copy of this consent form. If you have any questions or concerns about how your information will be stored, used, or accessed through the shared EHR system you may contact *Quality Improvement at 1-831-454-4468*. Submit all written requests to: *Quality Improvement, 1400 Emeline Ave. 2nd Floor, Santa Cruz, CA 95060*.

Your Consent Choices (initial only one):

_____ **I GIVE CONSENT** for all authorized providers who are part of my treatment team within County of Santa Cruz Behavioral Health Services and included Network Providers to exchange my (PHI) through the shared EHR system for the purposes of treatment, care coordination, payment or healthcare operations in accordance with HIPAA, 42 CFR Part 2 and the CARES Act regulations.

_____ **I DENY CONSENT** for the County of Santa Cruz Behavioral Health Services and included Network Providers to exchange my (PHI) through the shared EHR system for any reason unless the law specifically permits it without my consent. I understand that my information will still be stored on the shared EHR system but will be sequestered and not accessible to any of the other network providers except for my first and last name.

DURATION: This consent is valid until the end of treatment unless it is revoked in writing.

Client Signature

Date

Client Printed Name

Date

Parent/Legal Guardian Signature or Authorized Representative

Date

Printed Name (Parent/Legal Guardian or Authorized Representative)

Date