

Pathways Counseling Center, Inc.

Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County

CONSENT FOR RELEASE OF CONFIDENTIAL ALCOHOL and or OTHER DRUG ADDICTION SERVICES INFORMATION

I authorize Pathways Counseling Center, Inc. to disclose to the Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County, The Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties, the Tri-County Board of Recovery and Mental Health Board (Board ASM), and the Ohio Department of Mental Health & Addiction Services (ODMHAS) the following: Information required by U.S.C. 290aa-11509D ODMHAS and to the Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County to enroll you into the Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County Behavioral Health services Plan through the MACSIS Claims System, to determine your eligibility for public funds and pay your treatment provider for services.

I understand that my records are protected under the federal regulation governing confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and reliance on it., and in the event, this consent expires automatically after 365 days after my last treatment or discharge, completion of treatment, or last day of treatment.

CONFIDENTIALITY (42 CFR Part B – PA.2.22):

1. The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Program staff shall not convey to a person outside the agency that a client attends to received services from the agency, or disclose any information identifying a client as an alcohol or other drug prevention services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to qualified personnel for a medical emergency, research, audit, or program evaluation purposes.
2. The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County is a payer of services provided by this provider agency. The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County as well as relevant state agencies, including The Ohio Department of Mental Health & Addiction Services, and the Ohio Department of Humans Services has access to client identifying information necessary to pay claims.
3. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.
4. Federal law and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the agency or against any person who works for the agency.
5. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State of local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR for Federal regulations.) (Approved by the Office of Management and Budget under Control No. 0930-0099.)

DISCLOSURE - NOTICE OF ENROLLMENT INFORMATION

To receive alcohol, drug addiction and/or mental health services paid for fully, or in part by public fund, you must provide information to your county ADAMHS Board. Pathways Counseling Center, Inc. will collect information at intake and submit billing information for services provided with your name Social Security Number to the Board for payment. The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County will:

- Enroll you in the county behavioral healthcare plan,
- Determine what public funds can be used to pay for all or part of your services, and
- Pay service providers through the Multi-Agency Community Services System (MACSIS) connected with The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County, the Mental Health & Recovery Services Board from Allen, Auglaize and Hardin Counties, the Tri-County Board of Recovery and Mental Health Services (Board ASM), the Ohio Department of Mental Health & Addiction Services, and Ohio Department of Job & Family Services.

All information will be kept confidential in accordance with applicable state and federal law. Name-identifying information will be used only to pay for services provided to you.

You will be asked to sign a Billing Authorization Statement that includes a disclosure statement for enrollment in MACSIS and a disclosure for billing statement, which allows the Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County to use public funds to subsidize the cost of your services.

The provider may not be able to provide services after they begin billing through MACSIS if you do not agree to allow the Board to determine if you are eligible for public funds.

If you have any questions, please contact the Executive Director at 419-523-4300.

BILLING AUTHORIZATION

You and/or your dependents may be eligible for financial subsidy from The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County. This subsidy may reduce the amount of your financial obligations to the Provider for the services received.

Pathways Counseling Center, Inc. will collect information at intake and submit billing information for services provided with you name and Social Security Number to the Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County, the Mental Health & Recovery Services Board from Allen, Auglaize and Hardin Counties, the Tri-County Board of Recovery and Mental Health Services (Board ASM), the Ohio Department of Mental Health a& Addiction Services, and Ohio Department of Job & Family Services. All information will be kept confidential in accordance with applicable state and federal law. Name identifying information will be used only to pay for services provide to you.

Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County may not be able to assist you with the payment for your services if this Billing Authorization Statement or other necessary billing information is not completed.

I have fully read, understand and agree to the information in this document:

_____	_____	_____	_____
Printed name of client	Date of Birth	Signature of client or parent/guardian if client is a minor	Date
		_____	_____
		Witness Signature	Date