

FAQ

FREQUENTLY ASKED QUESTIONS (FAQ) FOR CARE PARTNERS ADMINISTERING THE AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCFI) FORM

Purpose

The purpose of these FAQs are to provide information for Care Partners' reference as they administer the ASCFI Form to their clients. They contain further detail on the purpose of the Form, structure, and permissible disclosures. A set of Client-facing FAQs on the Form that you may share with your clients is forthcoming.

General Information About ASCFI

1. What is the ASCFI Initiative?

The ASCFI Initiative is a statewide effort to promote and standardize the exchange of clients' sensitive information, including certain physical health, behavioral health, and social services information, between Care Partners (e.g., providers, health plans, county agencies, social services organizations, etc.). Care Partners may use the ASCFI Form to obtain their clients' consent to share their information for the purposes of coordinating their care, delivering treatment, or payment and health care operations (see FAQ #2).

The state is also developing an electronic consent management platform to store completed ASCFI Forms. DHCS envisions Care Partners will be able to access the platform to verify if their clients' have a consent record on file before presenting them with the Form. Concurrently, DHCS is exploring methods to support Care Partners with facilitating health and social services information exchange. Additional details on the design and launch of the consent management platform are forthcoming.

2. What is the ASCFI Form?

The ASCFI Form is a release of information form you can use to request your clients' consent to share their information with providers that are also a part of their care team. You may need to exchange your clients' information to:

- Coordinate their care;
- Provide them with medical, dental, mental health, and substance use disorder treatment and services;

- Obtain payment for treatment and services you provide; and/or
- Help connect them to programs, services, and resources.

The Form complies with authorization form requirements under relevant federal and state data sharing laws and details which types of information require consent to share data.

3. How does the Form differ from additional consent to release information forms (e.g., Homeless Management Information System (HMIS) Release of Information Form)?

The Form is intended to promote care coordination by enabling Care Partners within and across sectors (e.g., behavioral health, criminal-legal, housing) to exchange information for clients receiving various services (e.g., physical or behavioral health services, social supports). It's possible that other consent to release information forms are specific to a population or service. Consult your organization's counsel and/or privacy office to determine the appropriate release of information form to use.

4. If my organization has an existing consent to release information form, do I need to use the ASCMI Form? Do Individuals need to sign both?

California behavioral health plans and managed care plans will be required to use this Form in 2026. However, DHCS highly recommends that all Care Partners use the Form as their standard consent form. Consult your organization's counsel and/or privacy office to determine if the Form can replace or be used alongside an existing consent to release information form.

5. Is the Form a data-sharing agreement?

No. The Form documents a Client's consent to share or not to share specific types of information that are listed in Section 2.3 of the Form. The Form does not establish a data-sharing agreement between Care Partner organizations.

6. What is the benefit of using the Form?

There are many benefits to using the Form:

- It is written in plain language, at a reading level accessible to individuals with a middle school education or higher;
- It reduces administrative burden, because the standard Form can be used across multiple sectors. Your client can authorize sharing of multiple types of information across their care team in accordance with relevant data sharing and privacy laws; and

- It aligns with state and federal changes to data sharing and privacy laws, such as the updated 2024 42 C.F.R. Part 2 (“Part 2”) regulations.

7. How long is my client’s consent active? When does their consent expire?

Generally, consent will expire one year from the date of signature for both forms. However, if your client is 17, their consent will only last until they turn 18 or until their guardianship changes, which may be less than one year.

However, clients or their parent, guardian, or legal representative retain the right to revoke their consent or modify their consent preferences before it expires if they choose to.

8. What types of information does the Form authorize to be shared?

This form can be used to authorize the sharing of:

- Substance use disorder information protected by Part 2 (e.g., diagnoses, prescription details, treatment records).
- Substance use disorder information not protected by 42 C.F.R. Part 2 but protected by California law.
- Housing information (e.g., housing assessment completed by Coordinated Entry) collected by housing providers to be uploaded into the HMIS system.
- Mental health information (e.g., treatment records, assessments) protected by the Lanterman Petris Short Act.
- Intellectual and developmental disability information (e.g., developmental service records, Individual Program Plan, Regional Center eligibility assessment) protected by the Lanterman Petris Short Act.
- HIV test results held by a provider who administered the test.
- Genetic test results.

9. Can my client choose what information they want to share?

Yes, they can choose using the checkboxes in Section 2.3: “Your Consent.” The checkboxes represent their consent preferences for each of the information types that require their special permission to share.

If they select “**Yes**” for any of these information types, you can share that information with their other Care Partners to coordinate their care.

If they select “**No**,” you cannot share that information with their other Care Partners.

10. Does the Form restrict the sharing of other types of health and social services information?

No. The Form is intended to obtain consent for data sharing when required by federal or state law. Regardless of whether a client signs the Form, Care Partners may continue to share some physical health, behavioral health, and social services information for purposes permitted under the Health Insurance Portability and Accountability Act (HIPAA), including treatment, payment, and health care operations. Under HIPAA, information can also be used for other limited purposes, such as research or public health activities.

You may refer to the [Data Sharing Authorization Guidance](#) for an overview of data sharing permitted under AB 133. Care Partners that serve clients to whom AB 133 does not apply may refer to the [State Health Information Guidance](#) developed by the California Health and Human Services Agency for additional information.

11. What if an outpatient mental health provider obtains from their patient information related to housing, SUD, or HIV status? Do the consent preferences expressed by a patient prohibit the mental health provider from sharing that information?

No. All information collected by an outpatient mental health provider as part of a patient visit becomes part of the mental health record, which can be shared in accordance with HIPAA. Learning about housing status, substance use, or test results does not automatically make that information beholden to regulations to which you as a provider are not subject.

12. What privacy laws or standards apply to the special permissions in Section 2.1?

- **42 C.F.R. Part 2**, which is a federal regulation intended to protect the confidentiality of substance use disorder treatment information and to ensure that such information is not used against an individual in criminal, child custody, divorce, employment proceedings, or other proceedings against the individual. See [here](#) for the full federal regulation and [here](#) for the HHS Fact Sheet.
- **HMIS data entry and exchange.** Housing organizations that record, use, or process data in HMIS are required to document the reasons for collecting clients' information in their Privacy Notice. Uses and disclosures that are not included in the Privacy Notice require written consent. See [here](#) for a model Privacy Notice and [here](#) for HMIS requirements developed by the U.S. Department of Housing and Urban Development (HUD).
- [California Confidentiality of Medical Information Act \(CMIA\)](#).
- [California Health and Safety Code Section 120985](#).

- [California Health and Safety Code Section 11845.5.](#)
- [California Lanterman-Petris-Short \(LPS\) Act.](#)
- [California Civil Code Section 56.17.](#)

Note that some of these laws may have additional consent requirements, and you should consult with your counsel and/or privacy office for a full understanding of them. For example, the LPS Act requires the approval of the physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, or licensed professional clinical counselor who is in charge of the patient when disclosing covered information to a person the patient has designated.

13. Do I have access to all information that my client has consented to sharing on the Form?

No. You will have access to the minimum necessary information that you need in order to provide your clients with care or services. You will not have access to information they have consented to sharing unless it is necessary for the care or services you seek to provide. Care Partners are expected to share and request information in accordance with the minimum necessary [standards](#) under the HIPAA Privacy Rule.

14. If I receive permission (via the Form) to access my client's information, can I redisclose to additional Care Partners in the future?

Redisclosure permissions vary by information type and depending on what type of entity you are. For example, if you are a HIPAA-covered entity or business associate, you can redisclose Part 2 information, as long as you're doing so in accordance with HIPAA (e.g., for purposes of treatment, payment, and care coordination). If you are not a covered entity or business associate, the purposes for which you can redisclose some information types, including Part 2 information, are more limited. Care Partners should consult with their privacy officers with questions regarding redisclosure.

Administering the ASCMI Form

15. Is there any guidance for implementing the Form? When should I ask my client to sign the Form?

DHCS defers to Care Partners on determining when to administer the Form based on your organization's workflow and the specific context in which you are providing services to an individual. In some cases, Care Partners may administer the Form at the point of intake/enrollment or during the course of providing services to a client. Other Care Partners may administer the Form when a client's data must or has been requested to be shared.

16. Can I administer the Form during a telehealth visit?

Yes. An electronic signature is valid, and under federal law, an electronic signature can include an oral recording. You may send your client an electronic copy to sign or read the ASCMI Form to them and record their verbal consent.

17. Can I modify the Form by amending sections that are not relevant to the services I provide?

Care Partners cannot strike or amend any sections. However, organization-specific release of information forms may be added to the ASCMI form as an addendum or given to a client in conjunction with the ASCMI form.

18. Which fields on the ASCMI form are mandatory versus optional Care Partners?

The Form specifies fields that are optional or “as applicable.” For Care Partner Information, the NPI is identified “as applicable” and Fax Number is “optional” – all other Care Partner information fields are required.

19. Are there any fields where Care Partners may leave responses blank if the category does not apply to them?

Care Partners should fill out all mandatory fields on the ASCMI form. As noted in FAQ #19 below, it is acceptable for counties to populate fields with organization-level identifiers (e.g., county name, county NPI, county phone) instead of individual staff NPIs and phone numbers, but a provider name should be included for care coordination purposes.

20. May Care Partners populate organization level identifiers instead of individual staff NPIs and phone numbers?

Yes, but a provider name should be included for care coordination purposes.

21. Is there any benefit to presenting my client with the Form if none of the “special permissions” apply to them?

Yes. If the “special permissions” apply to your client in the future, obtaining their permission when administering the Form can allow you to exchange their information when needed.

22. Should my client still sign the Form even if they do not grant permission to share any information types that require their special permission?

Yes. You should still document your client’s consent preferences even if they decline the disclosure of any data authorized by the Form by selecting the “No” checkbox. This avoids re-requesting your client’s consent to share their data and records their request to not share that data.

However, signing the Form is optional, and your client may decline to complete the Form. Care Partners should make clients aware that some of their data may still be shared, and they may get asked again to complete the Form in the future.

23. What happens if my client does not sign the ASCMI Form?

Although certain California Care Partners (BHPs and MCPs) are required to use the form, for clients, for individuals, signing the Form is optional. If your client has questions about the Form, you may direct them to the Client-Facing ASCMI Form.

Refer to the [Behavioral Health Care Partners](#) FAQs section in this document for additional guidance if you are a Part 2 Substance Use Disorder Provider and your client declines to sign the ASCMI Form.

24. If my client signs the ASCMI Form, what happens next?

You should provide them with a copy of their signed Form. In addition, under the [California Confidentiality of Medical Information Act \(CMIA\)](#) you are required to provide your client with instructions on how they can access additional copies or a digital version. DHCS defers to Care Partners on processes for storing paper or digital forms.

Refer to the [Behavioral Health Care Partners](#) FAQs section in this document for additional guidance if you are a Part 2 substance use disorder provider and your client declines to sign the ASCMI Form.

25. For how long is an ASCMI Form Valid?

Per California law, Care Partners must obtain a new ASCMI Form every year. If a client turns 18 within the year his or her legal representative signed the Form on his or her behalf, Care Partners should obtain a new ASCMI Form signed by the client.

If an individual signs two or more ASCMI forms within a year-long period, the most recent ASCMI form governs.

Minors and Clients with Legal Representatives

26. Who is considered a minor?

In California, a minor is generally any unemancipated individual under the age of 18.

27. For minors, when is parental consent, or the consent of a guardian, required for the sharing of information?

In general, a parent/guardian has the right to consent to the sharing of their child's health and other personal information. Under HIPAA, the parent/guardian of an unemancipated minor has authority to consent to the release of protected health

information if the parent/guardian has the authority to act on behalf of the minor in making health care decisions.

However, when the minor has the legal ability to consent to receive a particular service, independent of their parents, it is often the minor, not the parent/guardian, who will sign any authorization forms that permit the disclosure of information about that service.

28. For minors, are there instances when parent or guardian consent is not required?

Yes. If you provided care or a service to a minor without requiring their parent or guardian's permission, because the minor was legally authorized to consent to that service, it is the minor who has the right to consent to disclosure of their health information. In such cases, their parent or guardian will not have access to those records.

29. What is a legal representative?

A legal representative is a person who has the authority to act on behalf of another. This could be a parent in the case of a minor, an individual appointed as a guardian by a court, or an individual authorized to act on behalf of an incapacitated adult.

Behavioral Health Care Partners

30. Can I share my client's substance use disorder counseling notes with a signed Form?

No. Disclosure of substance use disorder counseling notes is outside the scope of this Form. Consent to share this type of information requires a separate, specific consent. Consult your organization's counsel and/or privacy office to determine the appropriate consent to release information form to use.

31. Can I share my client's psychotherapy notes with a signed Form?

No. Disclosure of psychotherapy notes is outside the scope of this Form. The HIPAA Privacy Rule defines psychotherapy notes as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the patient's medical record. HIPAA requires a separate, specific authorization for release of this type of information.

32. What types of information are protected by the Lanterman Petris-Short (LPS) Act?

The LPS Act protects mental health treatment records obtained during a client's involuntary treatment hold. You may refer to the [CaAIM Data Sharing Authorization Guidance](#) for additional details (see Section 2).

33. Is my organization a Part 2 program?

Part 2 programs are those that receive federal assistance and hold themselves out as providing substance use disorder services, including treatment and referral. More information on Part 2 and its requirements is available [here](#). You may refer to Section 2 of the [CalAIM Data Sharing Authorization Guidance](#) for an overview of Part 2.

34. If I am a Part 2 provider and my client declined to sign the Form, how do I obtain consent to disclose my client's Part 2 substance use disorder information for payment purposes?

In the event that you need to obtain consent in order to be paid for the services you provide, you have the right to deny services until your client signs the ASCMI Form or another payment-specific authorization.

35. Can I redisclose Part 2 information I receive pursuant to an ASCMI Form?

Yes. The updated Part 2 rules allow covered entities (e.g., behavioral health plans and providers) and their business associates to redisclose Part 2 information without additional consent if the information was received pursuant to a consent for treatment, payment, and healthcare operations purposes (known as a "TPO consent"). The ASCMI Form is a TPO consent.

Correctional Facility Care Partners

36. For individuals who are incarcerated or were recently incarcerated, why can certain types of criminal-legal information be shared without consent?

Care Partners serving individuals that are incarcerated or were recently incarcerated may need to share some of their criminal-legal information to enroll them in services.

You may refer to the [CalAIM DSAG Toolkit for the Reentry Initiative](#) for more information, including use case scenarios on when client consent is required for data sharing.

Housing Care Partners

37. Can the ASCMI Form replace my organization's Homeless Management Information System ROI? Do my clients need to sign both?

See FAQ #3. You may refer to the [CalAIM DSAG Toolkit for Medi-Cal Housing Supports](#) for more information, including use case scenarios on when client consent is required for data sharing.

38. What types of housing information does the ASCMI Form cover?

The ASCMI Form covers housing information such as:

- Intake assessments that you have completed when enrolling clients in services;
- Housing status; and

- Enhanced Care Management & Community Supports benefits information.

Other Health Care Partners

39. Do I need to obtain a new Form for each HIV or genetic test I administer?

Yes. California law requires that a separate authorization be obtained every time a disclosure of an HIV or genetic test result is made.