

OVERVIEW

THE AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCFI) FORM

You're in control of your information. This Form gives you more options.

If you've been working with us to get mental health or substance use services, you know that getting the help you need sometimes means connecting you with other providers and agencies to support you in getting care when and where you need it. Maybe you need help finding housing. Maybe you're working on getting disability benefits. Maybe you just need your different providers to talk to each other so you don't have to repeat your whole story every time.

Usually, every time you need to connect with a new service, someone asks you to sign a new release form to share your sensitive information. It can feel like a lot of paperwork, especially when you're already dealing with so much.

This Form is different. It's designed to make things easier for you.

The ASCFI Form lets you give permission *one time* for all your Care Partners to share information with each other—but only when they need to in order to help you. Think of it like giving your whole care team permission to work together on your behalf.

If you sign this Form, your Care Partners may share the types of information that you have checked “Yes” in Section 2.3 of the Form. The types of information that you can decide to share are:

- Substance Use Disorder information protected by 42 C.F.R. Part 2 (e.g., diagnoses, prescription details, treatment records).
- Substance Use Disorder information not protected by 42 C.F.R. Part 2.
- Housing information (e.g., intake assessment completed by Continuum of Care organization).
- Mental Health information (e.g., treatment records, assessments).
- Intellectual and Developmental Disability information (e.g., developmental service records, Individual Program Plan, Regional Center eligibility assessment).
- HIV Test Results.
- Genetic Test Results.

What that means for you:

- **Faster connections to services.** When you need help with housing, medical care, or other services, providers can share the information needed to get you connected quickly.
- **Less repeating yourself.** Your providers can talk to each other about what you need instead of you having to tell your story over and over.

- **Better coordinated care.** When your mental health provider, your substance use provider, your doctor, your housing specialist, or others can share information, they can work together to support you more effectively.
- **You decide what gets shared.** The Form lets you choose which types of sensitive information you're comfortable sharing. You can say yes to some things and no to others.

You don't have to sign this Form. It's completely up to you. In most cases, you'll still be able to get services if you choose not to sign. But many people find that signing this Form makes it easier to get the help they need without delays or extra paperwork.

You can change your mind anytime. If you sign the Form and later decide you want to change what you have agreed to share — or stop sharing information altogether — you can. Just let your provider know and they will provide you with a Form to revoke (take back) your consent. Some of your information may still be shared between your providers so they can help with your care, get paid, or run their health care services. You can find more information about this in the Frequently Asked Questions document that comes with this Form.

Have questions? That's to be expected. The person who gave you this Form can answer your questions, or you can read the Frequently Asked Questions document that comes with this Form. Take your time to understand what you're agreeing to.

This Form was created to help you get the care and services you need, when you need them. The choice is yours.