

Attestation for Participant Receipt of Data Subject to 42 CFR Part 2

42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records), is a federal regulation that governs confidentiality for individuals seeking treatment for substance use disorders, including drug and alcohol use, from federally assisted programs.

HEALTHeLINK may receive data from one or more health care facilities subject to 42 CFR Part 2, and in turn include this data on the Value Network Summary of Care. Receipt of this information may be requested by a Participant's Authorized Contact and only accessed or used: (i) by an individual associated with the Participant who has a "Treating Provider Relationship" (as defined in 42 CFR Part 2 and reproduced below) with patient(s) whose information is provided through HEALTHeLINK; and (ii) when intended use of patient information provided through HEALTHeLINK is solely for permitted purposes falling within the scope of the user's Treating Provider Relationship. Generally, permitted purposes within the scope of a Treating Provider Relationship include the Treatment and Care Management Level 1 uses as defined in HEALTHeLINK policies but do not include, for example, Quality Improvement, or any other use.

For reference, the HEALTHeLINK policy definitions of Treatment, Care Management, and Quality Improvement and the 42 CFR Part 2 definition of "Treating Provider Relationship" are on the second page of this form.

42 CFR Part 2 Definition

Treating Provider Relationship means that, regardless of whether there has been an actual in-person encounter:

- (1) A patient is, agrees to, or is legally required to be diagnosed, evaluated, and/or treated, or agrees to accept consultation, for any condition by an individual or entity, and;
- (2) The individual or entity undertakes or agrees to undertake diagnosis, evaluation, and/or treatment of the patient, or consultation with the patient, for any condition.

HEALTHeLINK Definitions

Treatment means the provision, coordination, or management of health care and related services among health care providers or by a single health care provider, and may include providers sharing information with a third party. Consultation between health care providers regarding a patient and the referral of a patient from one health care provider to another also are included within the definition.

Care Management means (i) assisting a patient in obtaining appropriate medical care, (ii) improving the quality of health care services provided to a patient, (iii) coordinating the provision of multiple health care services to a patient or (iv) supporting a patient in following a plan of medical care. Care Management does not include utilization review or other activities carried out by a Payer Organization to determine what coverage should be extended or payment should be made for a health care service.

Quality Improvement means activities designed to improve processes and outcomes related to the provision of health care services. Quality improvement activities include, but are not limited to, outcome evaluations; development of clinical guidelines; population based activities relating to improving health or reducing health care costs; clinical protocol development and decision support tools; case management

and care coordination; reviewing the competence or qualifications of health care providers, but shall not include Research.

As an Authorized Contact for _____ (“Participant”), I attest that Participant has a Treating Provider Relationship with patient(s) for whom Part 2 information may be included on the Value Network Summary of Care sent to Participant. .

Authorized Contact Name: _____

Authorized Contact Title: _____

Authorized Contact Signature: _____

Date of Signature: _____

