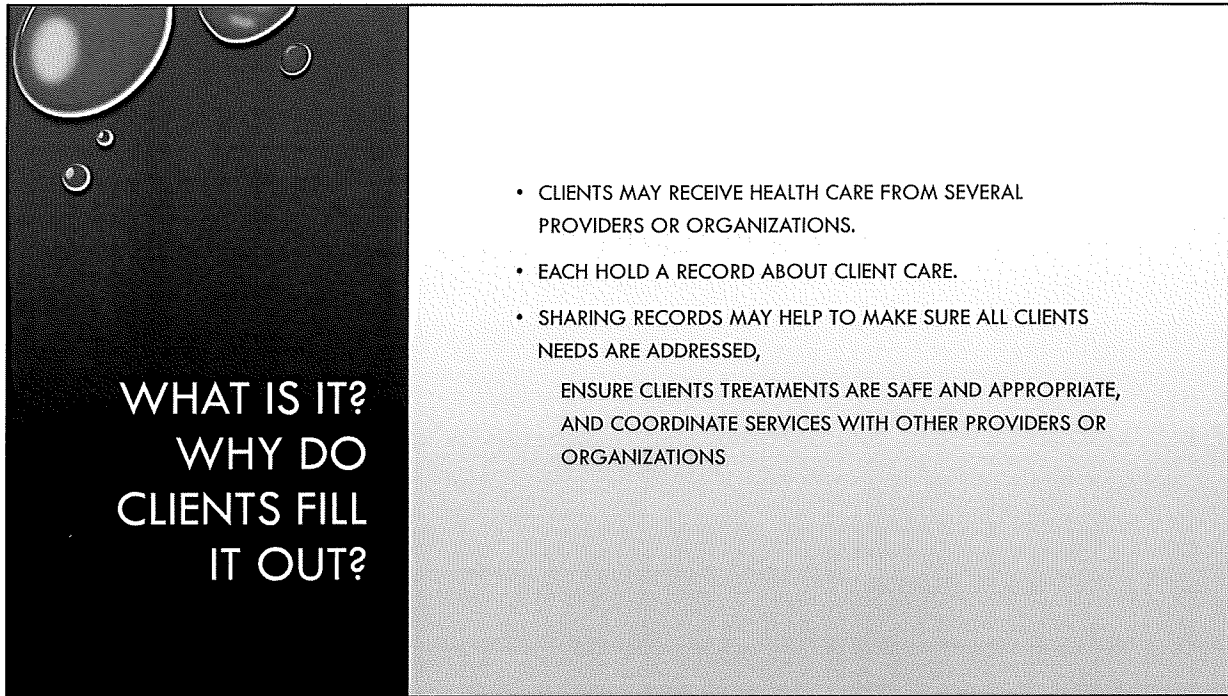




MDHHS  
BEHAVIORAL HEALTH CONSENT FORM  
5515

NMRE-COMPLIANCE DEPARTMENT 2019  
JODIE BALHORN – [JBALHORN@NMBE.ORG](mailto:JBALHORN@NMBE.ORG)



**WHAT IS IT?  
WHY DO  
CLIENTS FILL  
IT OUT?**

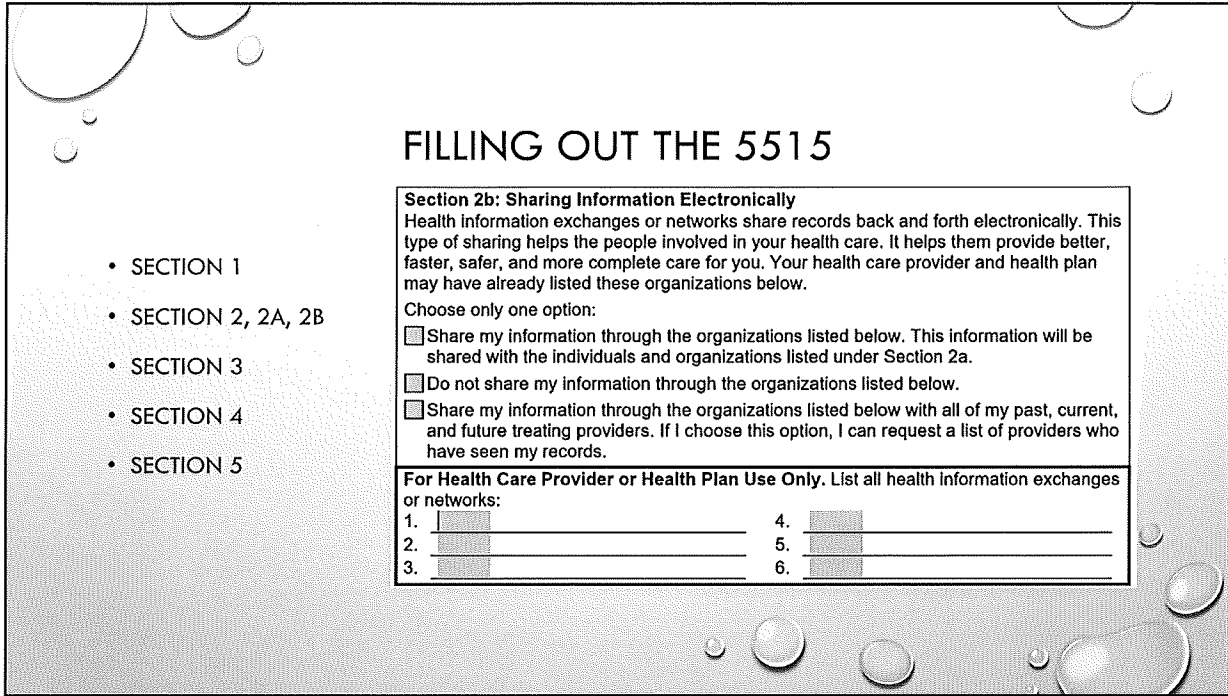
- CLIENTS MAY RECEIVE HEALTH CARE FROM SEVERAL PROVIDERS OR ORGANIZATIONS.
- EACH HOLD A RECORD ABOUT CLIENT CARE.
- SHARING RECORDS MAY HELP TO MAKE SURE ALL CLIENTS NEEDS ARE ADDRESSED,  
ENSURE CLIENTS TREATMENTS ARE SAFE AND APPROPRIATE,  
AND COORDINATE SERVICES WITH OTHER PROVIDERS OR ORGANIZATIONS

~ OHH specific- referenced in the OHH handbook page 16... states that beneficiaries must provide OHH providers a signed consent (5515) for coordination purposes to receive the OHH benefit.

~ Providers can share without consent information for the purposes of payment, treatment or coordination of care (HIPAA)(Mental Health Code)  
Services include Behavior health, mental health. Diagnoses, referral and/or treatment for SUD. NEVER PSYCHOTHERAPY NOTES

## 2A. SHARING INFORMATION BETWEEN INDIVIDUALS AND ORGANIZATIONS

- 42 CFR PROHIBITION ON RE-DISCLOSURE THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY **FURTHER** DISCLOSURE OF INFORMATION IN THIS RECORD THAT IDENTIFIES A PATIENT AS HAVING OR HAVING HAD A SUBSTANCE USE DISORDER.
- SUD EXAMPLE- DR. SMITH IS ON THE LIST.... DR. SMITH CANNOT SHARE WITH ANYONE NOT ON THE LIST FOR ANY REASON
- CMH EXAMPLE- DR. SMITH IS ON THE LIST..... DR. SMITH CAN SHARE WITH ANYONE FOR DIAGNOSIS, TREATMENT, PAYMENT AND CARE COORDINATION.



Section 1- Client information

Section 2a – Individuals and organizations who can see and share information. OHH only need to list the NMRE.

Section 2b – Provider fills out the exchanges within their networks, the client then can choose from the options.

EXAMPLES: many of our providers do not have these systems. Hospitals have systems where other coordinating agencies have access to the same system maybe with limited restrictions. The client may get all their Pharmacy/Family Dr/PT through Munson where they have one system for all the areas to tap into.

Section 3 – Example clients may not want to share certain information between exchanges that would be listed here.

Section 4 - Date of termination of consent- discuss timelines.

Section 5 – You already have had the consent filled out and the client comes in and states I don't want to share this information with my mom, instead of filling out a new consent, it can be documented here. Always check this area when sharing to make sure someone listed was removed.

**Verbal Withdrawal of Consent**

The individual listed above in Section 1 has taken away his/her consent.

List the individual who requested the withdrawal below, then sign and date below.

Individual listed above in Section 1.

Parent (Print Name) \_\_\_\_\_

Guardian (Print Name) \_\_\_\_\_

Authorized Representative (Print Name) \_\_\_\_\_

Signature of Person Who Received  
the Verbal Withdrawal

Print Name

Date

**VERBAL**

CLIENT MAY VERBALLY ASK TO WITHDRAWAL THIS CONSENT