SUBSTANCE USE DISORDER TREATMENT FOR FACILITES REGULATED BY 42 CFR PART 2 ATTESTATION FORM

42 CFR Part 2 is a federal regulation that defines confidentiality and privacy standards for substance use disorder health information. These regulations cover any information about alcohol and drug abuse patients and apply to any individual, entity, or unit that is federally assisted and holds themselves out as a provider of alcohol or drug abuse, diagnoses, treatment, or referral for treatment. ***You may wish to consult your legal counsel as you complete this form as it is not meant as a stand-in for legal guidance.*** You can also find more information about 42 CFR Part 2, including the permissibility of exchanging data with Florida HIE, FAQs about who is covered by the regulations, and what is meant by "holds itself out" at Substance Use Confidentiality Regulations | SAMHSA.

SECTION 1: Does any part of your organization provide services for which 42 CFR Part 2 is applicable?

☐ No Skip to SECTION 3)

☐ Yes (Skip to SECTION 3)

☐ I Don't Know (Skip to SECTION 2 of the form, below. Once completed, select an option above in SECTION 1.)

SECTION 2: Please complete the checklist below, *even if they apply to only part of your organization*.

Federal assistance:

Is your organization currently:

☐ Yes ☐ No Authorized, certified, licensed, or registered by the federal government?

☐ Yes ☐ No Receiving federal funds in any form, including funds that do not directly pay for substance use disorder services?

☐ Yes ☐ No Granted tax-exempt status by the IRS?

☐ Yes ☐ No Allowed tax deductions for contributions by the IRS?

☐ Yes ☐ No Authorized to conduct business by the federal government, including programs?

☐ Yes ☐ No Certified as a Medicare provider?

☐ Yes ☐ No Authorized to conduct methadone maintenance treatment?

☐ Yes ☐ No Registered with the DEA, and use such license to the extent of treating substance use disorders?

☐ Yes ☐ No Conducting business directly with the federal government?

AND

☐ **Provider of alcohol or drug abuse diagnoses, treatment, or referral for treatment:**

Do you currently hold yourself out as provider of alcohol or drug abuse treatment, diagnosis, or referral for treatment such as:

☐ Yes ☐ No An individual or entity (other than a general medical care facility)?

☐ Yes ☐ No An identified unit within a general medical facility?

☐ Yes ☐ No Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment, or referral for treatment?

***If you checked AT LEAST ONE "Yes" response in BOTH categories above, you ARE subject to 42 CFR Part 2 regulations, and we suggest you confirm with your legal counsel. ***

SECTION 3: Please CHECK ONE attestation option below.

☐ **Option 1:** *By signing below, I, as the Privacy and/or Security Officer or appropriate surrogate, attest that all or part of our organization* ***IS NOT a federally assisted substance abuse program providing services under 42 CFR Part 2 Regulations.***

☐ **Option 2:** *By signing below, I, as the Privacy and/or Security Officer or appropriate surrogate, attest that all or part of this organization* ***IS a federally assisted substance abuse program providing services under 42 CFR Part 2. This organization takes effective technological and administrative steps to block transmitting any clinical information (e.g. CCDs) to Florida HIE that relates to drug and alcohol treatment provided to an individual or any non-clinical information (e.g. a patient list) that directly or indirectly identifies an individual as having received services in the unit of this facility or from a provider in this facility that provides drug and alcohol diagnosis, treatment or referral for treatment. If the organization begins sending this information, it must enter into a qualified service organization agreement (QSOA).***

☐ **Option 3:** *By signing below, I, as the Privacy and/or Security Officer or appropriate surrogate, attest that all or part of our organization* ***IS a federally assisted substance abuse program providing services under 42 CFR Part 2.As such, the Florida HIE may receive certain patient information related to drug or alcohol treatment, therefore we will enter into a qualified service organization agreement (QSOA)****. I have listed below the 42 CFR Part 2 covered entity or unit and covered information that will be shared under the QSOA and have indicated how that information should be handled and agree to share no additional information from the covered entity or unit without prior Florida HIE agreement.*

To be completed only if Option 3 was chosen:

Applicable Program/Provider/Location/Department(s) and 42 CFR Part 2 covered information that will be provided to Florida HIE. Organization may only provide covered information listed on this form unless **Florida HIE** gives prior consent to additional data disclosure. List participant organization again if fully federally assisted substance abuse program under 42 CFR Part 2.
Attach extra pages if needed:

Organization/ Department/ Practice Location/ Program	Address	By checking the "Filter Part 2 Data in CCDs" checkbox, you are indicating, for that organization, that you wish for the HIE to filter Part 2 data from your CCDs and only hold the Part 2 data behind consent. All other data within the CCD will be displayed without consent. To check this box, your organization must complete a specific Filtering QSOA.
***EXAMPLE**: XYZ Recovery Program*	*123 Main St. Washington, DC 12345*	☐ *Filter Part 2 Data in CCDs*

Participant Organization: _____
Name: _____
Signature: _____
Date: _____
Email Address: _____

If you attested that you are a 42 CFR Part 2 entity, subject to relevant regulation, and will be sending covered data to Florida HIE, please review and sign the Qualified Service Organization Agreement (QSOA). (Florida HIE will provide this document.)