

Information from CSAT Regarding Use of a Consent Form:

42CFR2 can sometimes get in the way of communication between health professionals that is taken for granted in other areas of medicine. For instance, without prior written patient consent, 42CFR2 could prevent a physician from confirming the validity of a DATA-waivered prescription to a pharmacist who might call the physician to ask about it, prior to dispensing. To prevent this from keeping the patient from receiving his/her medication, it is recommended that the physician have the patient sign a release of information at the time of the office visit, to allow the physician to release information to the dispensing pharmacy/pharmacist if called to confirm the validity of the new buprenorphine prescription. A sample consent form with all the elements required under 42CFR2 is attached. Without such a previously signed consent, a consent would have to be signed by the patient at the pharmacy and faxed to the physician, before the physician could confirm the validity of the prescription. Alternatively, the physician might consider entering into a Qualified Service Organization (QSO) agreement with the pharmacies expected to be filling most of his/her buprenorphine prescriptions. Sample forms for this are included in [TAP 13](#). In either case, the pharmacy should be informed that re-disclosure of the information is also prohibited under 42CFR2.

Sample Form #1:

CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG TREATMENT INFORMATION

I, _____ authorize
(Name of patient)

(Name or general designation of program making disclosure)

to disclose to

The dispensing pharmacy to whom I present my prescription for Buprenorphine

(Name of person or organization to which disclosure is to be made)

the following information:

Any Information needed to confirm the validity of the prescription

(Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to:

Assure the pharmacy/pharmacist of the validity of the prescription, so that the medication can be legally dispensed.

(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Termination of the
treatment.

(Specification of the date, event, or condition upon which this consent expires)

Date

Signature of participant

Signature of parent, guardian or authorized representative when required