

Provider Script

When introducing patients to the concept of consent management and its purpose, the following three discussion components are recommended:

- 1) Providing a patient consent conference in a non-judgmental environment.
- 2) Setting the clear intention for improved patient care experience.
- 3) Supporting the patient in self-directed decision making around consent and being in control of that decision.

Below are sample discussion points to facilitate the introduction and request for consent to share SUD information. While positioned from a PCP point of view, the key points are applicable to Behavioral health/SUD providers.

Initiating the patient consent conference

Welcome

- **Thanks for coming in today.** I really appreciate you doing that. I know it's hard sometimes to get to a place where you're able to come in and thank you for sharing your story with me.

This is a safe place

- I want to be sure you understand and know that **this is a safe place.** I appreciate that you've been honest with me and shared your struggle with opiate use disorder with me and **I know it's hard to do**
- My job is to help you figure out how best to manage that. **And it's at your pace and your time.** But this is something that is a chronic condition. It's not because you want this, not because you have a moral weakness, it's a chronic medical condition and so we're going to work together to address that.

Setting a clear intention for improved patient care experience

Asking for information from other providers

- **One of the things that will be really helpful for me to do, is to find out information, such as the diagnoses and medications you have received, from other providers that you've seen but not specifically what you've talked about with your counselors, or what kind of group sessions you were in.**

- If you want to share something with me, that's fantastic. But that's not necessary to my taking care of you. **What is helpful for me to know is if they have some sort of diagnoses** that you may have not remembered so that I can find out if those may or may not still be present, but **more important is to find out if they treated you with any medications.**

Your privacy is protected

- **When you give me permission to talk to your other providers, you are giving me permission to ask for and share health care information about you.**
- **You are only giving me permission to look at this.** If the police or someone else were to say "hey, so and so, I think they have a chemical dependency problem or have they been to a methadone clinic, can you send me all the records on that?" the answer is "no." **You have legal protections and I cannot share this privileged information that you are agreeing to let me have with anybody else. That is illegal.** So that protection is built in as well.
- **This information will not be shared with your employer or family.**

Supporting self-directed decision making about consent and being in control of their consent

Your permission is voluntary

- **I will take care of you no matter what you tell me.**
- **By giving me permission, you're not giving everybody who might ask for something from me your permission as well.** You tell me who's okay to have this information and who's not.

- **This is your information.** And yes, it might be helpful to me, but if it makes you feel unsafe or worried maybe it's not the right time to do that right now.
- **It's important for us to protect the privacy of everything that everybody tells us.** Your medical condition, what meds you're on, what you come in for today, if you have a history of a substance use disorder, if you have a history of a mental health disorder, it is all equally important for us to protect and let you share what you want with people. **It is not about what we want to share. We will only share what we feel we need to.** That helps to provide care for you and specifically in this case, we need your permission.
- **You decide how long this information can be shared.** Once you give permission, we can't take back information already shared, but we can stop any additional information from being shared.

If someone is not sure about their other providers or not able to share that information

Do you have a case manager in your program?

How would it be or how would it be with you that I talk to your case manager? **That way they may give me information that you don't think is important, but it might be helpful to me.** And that if they are worried about you they can give me a call and get through if you're not able to and I found that **working as a team helps people better.** Is that ok?