

**ATTACHMENT H / HEALTH CARE PROVIDER
SUBSTANCE USE DISORDER ATTESTATION FORM**

SECTION 1: Does your organization provide ANY substance use disorder services?

No (Sign and date below. Do NOT answer additional questions)

Participating Organization: _____

Signature: _____ Print Name: _____

Date: _____ Email Address: _____

Yes (Continue to Section 2 of the form below)

SECTION 2: Please complete the checklist below.

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 substance use disorder patients and apply to any individual, entity or unit that is federally assisted and holds themselves out as a provider of substance use disorder diagnosis, 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 II, including FAQs about who is covered by the regulations and what is meant by “holds itself out”, at <https://www.samhsa.gov/health-information-technology/laws-regulations-guidelines>

****Please answer these questions even if only part of your organization may fall under the regulations.****

1. Federally assisted: 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 abuse 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 by the federal government (except for VA facilities)?

AND

2. Holds itself out as a provider of alcohol or drug abuse diagnoses, treatment, or referral for treatment:

Are you currently holding yourself out to the public as:

- Yes No An individual or entity (other than a general medical care facility) that provides substance use disorder services?
- Yes No An identified unit within a general medical facility that provides substance use disorder services?
- Yes No Medical personnel or other staff in a general medical care facility whose primary function is the provision of substance use disorder services?

If you checked at least one “Yes” response in BOTH categories above, you are likely subject to 42 CFR Part 2 regulations.

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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 use disorder 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 our organization **IS a federally assisted substance use disorder program providing services under 42 CFR Part 2, and my organization takes effective technological and administrative steps to block transmitting any clinical information (e.g. CCDs) to WVHIN that relates to substance use disorder 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 your facility or from a provider in your facility that provides substance use disorder diagnosis, treatment or referral for treatment.**

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 use disorder program providing services under 42 CFR Part 2 and, as such, that WVHIN may receive certain patient information related to substance use disorder treatment only after entering into a qualified service organization agreement (QSOA) with your organization. I have listed below the 42 CFR Part 2 covered entity or unit and covered information that will be shared under the QSOA and agree to share no additional information from the covered entity or unit without a prior WVHIN agreement. Before the WVHIN may share Part 2 information with its other Participating Organizations, individual patient consent is needed.**

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 WVHIN. Organization may only provide covered information listed on this form unless WVHIN give prior consent to additional data disclosure. List participant organization again if fully federally assisted substance use disorder program under 42 CFR part 2. Attach extra pages if needed:

Organization/Department/Practice Location/Program	Address	Covered Information to be Shared with WVHIN (If Option 2 was chosen, this section should be blank)
<i>EXAMPLE: XYZ Recovery Program</i>	<i>123 Main St., Charleston, WV 12345</i>	<i>Patient Panel</i>

Participating Organization: _____

Signature: _____ Print Name: _____

Date: _____ Email Address: _____

If you attested that you are a 42 CFR part 2 entity, subject to relevant regulations, and will be sending covered data to WVHIN (Option 3 above), please review and sign the Participation Agreement Addendum/Qualified Service Organization Agreement (QSOA).