Wyoming Plan of Safe Care Collaboratives
Written Authorization Guidance

Participation in the Wyoming PoSC Collaboratives is entirely voluntary for individuals/families impacted by prenatal substance use. To ensure compliance with HIPAA privacy rules and uphold ethical standards within Plans of Safe Care Collaboratives, strict adherence to individual written authorizations for information sharing is important. As such, only individuals who have signed the official local *Authorization to Release Health Information* form[1] may have their Protected Health Information (PHI) discussed in the collaborative. The following information provides additional guidance related to the Authorization:

Protected Health Information (PHI) is defined as any information that relates to: the individual's past, present, or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual.

1. There are two pages to the *Authorization to Release Health Information* form, both must be signed. HIPAA prohibits an authorization for use or disclosure of protected health information from being combined with any other document[2]
   a. Page 1 pertains to obtaining written authorization for HIPAA-covered entities to share information.
   b. Page 2 is specific to allowing non-HIPAA covered entities to share information.

2. A separate, valid *Authorization to Release Health Information* form must be completed for each individual receiving services, whose confidential information (PHI) will be discussed or shared within the Collaborative.
   a. This requirement ensures that all parties have explicitly authorized the disclosure of their protected information specifically for the purpose of the PoSC Collaborative.
   b. This table outlines the authorization requirements based on individual roles within a family, as they relate to sharing information in the Collaborative.

Example Scenario: If the collaborative meeting involves discussions about both the mother's health and participation in substance use treatment services and the infant's neonatal medical progress, two separate authorizations are required.
1. One Authorization for the **Primary Caregiver**.
2. One Authorization for the **Infant**.

Individual Role	Authorization Requirement	
Mother (or Caregiver) **If the mother is a minor, the parent must sign unless the minor meets the statutory exceptions [3].*	**Required**	Authorization must cover the sharing of the mother's (or caregiver's) personal health, social, and substance use history as it pertains to the PoSC.
Infant	**Required**	A separate Authorization must be completed by the legal parent(s) or authorized guardian [4], to cover the infant's medical, developmental, and service-related information.
Other Family Member	**Required** **if PHI is shared.*	Any other family member (e.g., father, grandparent, other children) whose specific PHI information is discussed must have their own signed Authorization.

[1] This form can be obtained from your local collaborative facilitator.
[2] § 164.508(b)(3) Compound authorizations
[3] §14-1-101(b) Age of majority; rights on emancipation
[4] In situations where the infant is placed into DFS custody, the biological parent(s) must still sign the consent.