



Mentalyc Informed Consent

(Use only when the provider determines the patient's SUD records are subject to 42 CFR Part 2.)

A) Patient

Patient Name: _____

DOB (optional): ___ / ___ / _____

B) Person(s) Authorized to Disclose (FROM)

I authorize the following Part 2 program/provider to disclose my Part 2-protected information as described below:

Program/Practice Name: _____

Address: _____

Clinician/Therapist (or "treating staff"): _____

C) Recipient(s) Authorized to Receive (TO)

Recipient: Mentalyc, Inc. (and its subcontractors/agents used to provide the service)

D) What Information May Be Disclosed

This consent covers Part 2-protected SUD information contained in:

- session audio used for documentation
- transcripts generated from sessions
- session summaries / clinical notes derived from sessions

E) Purpose of Disclosure

- To support clinical documentation and recordkeeping
- To support treatment-related care within my provider's practice

F) Expiration

This consent expires on (choose one):

- **Date:** ___ / ___ / _____
- **Event/Condition:** _____ (e.g., "one year from signature" or "end of treatment")

G) Right to Revoke

I understand I may revoke this consent in writing at any time, except to the extent action has already been taken in reliance on it.

To revoke, I will submit written notice to:

Revocation Contact (Name/Email/Address): _____

H) Important Statements (Required for Treatment/Payment/Health Care Operations Consents)

1. **Redisclosure:** I understand that information disclosed under this consent may be redisclosed by the recipient and, in some cases, may no longer be protected by 42 CFR Part 2, except as limited by federal law.
2. **Consequences of Refusal:** I understand that I am not required to sign this consent. If I choose not to sign, my provider will explain any practical impact this may have on documentation or administrative processes; my provider will not deny treatment solely because I refuse to sign, except where permitted by law.

I) Signature

Patient Signature: _____ **Date:** ____ / ____ / _____

If signed by Personal Representative: _____ Relationship: _____

Provider workflow note (42 CFR § 2.32 - Notice to accompany disclosure): When disclosing Part 2-protected records with patient consent, the provider must include a Part 2 notice with the disclosure. A short version is: "42 CFR part 2 prohibits unauthorized use or disclosure of these records"