

**MEMORANDUM OF AGREEMENT AMONG THE
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES,
DEPARTMENT OF CORRECTION,
DEPARTMENT OF DEVELOPMENTAL SERVICES,
BOARD OF PARDONS AND PAROLES, JUDICIAL BRANCH, AND
UNIVERSITY OF CONNECTICUT HEALTH CENTER'S
CORRECTIONAL MANAGED HEALTH CARE DIVISION**

Agreement made among the Department of Mental Health and Addiction Services (hereinafter referred to as DMHAS), acting by its Commissioner, the Department of Correction (hereinafter referred to as DOC), acting by its Commissioner, the Department of Developmental Services (hereinafter referred to as DDS), acting by its Commissioner, the Board of Pardons and Paroles (hereinafter referred to as BOPP), acting by its Chairman, the University of Connecticut Health Center Correctional Managed Health Care Division (UCHC-CMHC), acting by its Executive Director, and the Judicial Branch, acting by the Chief Court Administrator.

WHEREAS, Title 42, Code of Federal Regulations, Part 2 provides federal regulations governing the confidentiality and disclosure of Alcohol and Drug Abuse Patient Records for individuals receiving substance abuse treatment; and

WHEREAS, the Health Insurance Portability and Accountability Act, Title 45, Code of Federal Regulations Parts 160, General Administrative Requirements, 162, Administrative Requirements and 164, Security and Privacy establish regulations governing the confidentiality and disclosure of Protected Health Information including that the release of psychotherapy notes must be requested on a separate form from any other health information; and

WHEREAS, Conn. Gen. Stat. §§ 52-146 c, d, e, f, g, h, i, j, o, p, q, and s, among others, govern the confidentiality and disclosure of certain information and records for individuals, Conn. Gen. Stat. § 17a-688 governs the confidentiality and disclosure of information and records for individuals receiving treatment or rehabilitation for alcohol dependence and drug dependence, Conn. Gen. Stat. § 19a-583 governs the confidentiality and disclosure of HIV-related information and records and Conn. Gen. Stat. § 19a-581 (9) defines release of confidential HIV-related information; and

WHEREAS, the Alcohol and Drug Policy Council and the Criminal Justice Policy Advisory Commission have identified the sharing of substance abuse, mental health, and primary health care clinical information as important to the coordination of quality care for individuals treated in Connecticut's publicly funded substance abuse and mental health care system; and

WHEREAS, to facilitate the sharing of substance abuse, mental health, and primary health care clinical information, in compliance with federal and state laws and regulations, the acceptance of release of information (ROI) forms among the parties is desired; and

WHEREAS, the ROI form(s) used by each of the parties must, at a minimum, include the following elements in order to meet federal and state laws and regulations:

- Name or general designation of the person or agency permitted to make the disclosure;
- Name or title of the person or agency to which disclosure is to be made;
- Name of the individual receiving substance abuse, mental health, or primary health services for whom records are being requested;
- A description of each purpose of the requested use or disclosure of the information;
- How much and what type of information is to be disclosed in a manner that describes the information in a specific and meaningful fashion;
- Signature of the individual and/or his or her guardian, conservator of person, or other personal representative recognized under state and federal law demonstrating consent to the sharing of substance abuse, mental health, and primary healthcare clinical information to one or more of the parties to the Memorandum of Agreement;
- Date on which consent is signed;
- Statement that the consent is subject to revocation at any time except to the extent that the program has already acted on it;
- Description of how the individual may revoke authorization;
- Date, event, or condition upon which consent will expire if not previously revoked;
- A statement that refusal to grant consent will not jeopardize the individual's right to obtain present or future treatment except where disclosure of the communications and records is necessary for the treatment; and
- A statement that the individual completing the authorization be advised that any information disclosed under this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations such as the HIPAA Privacy Rule governing privacy and confidentiality of health information.

Now, therefore, be it resolved, that DMHAS, DOC, DDS, BOPP, UCHC-CMHC, and the Judicial Branch agree as follows:

1. Each party attests that its ROI form(s) meet the minimum requirements described herein.
2. Each party agrees not to redisclose any of the following information to a third party without additional written consent of the subject of the release, except as provided by law:
 - a) substance (alcohol or drug or both) abuse information,
 - b) mental health service information,
 - c) confidential HIV/AIDs related information,
 - d) sexually transmitted disease information, and
 - e) genetic testing information.
3. Each party agrees that it will review and verify that the ROI of each of the other parties contains the minimum confidentiality elements herein described.

4. Each party agrees to identify its own approved ROI(s) with a uniquely assigned control number which shall be identifiable to all parties.
5. Each party's attested ROI(s) shall be posted on its Internet home page in a prominent location for access by all other parties.
6. Each party agrees to participate in periodic meetings of all parties, not less than twice yearly, for the purpose of reviewing the status of ROIs. Special meetings may be convened at the request of any party based upon changes in federal and/or state laws or regulations.
7. Any intended modification(s) to a party's ROI shall be communicated with an explanation to all parties in writing. Any party who objects to said modification(s) on the basis it does not comply with the confidentiality elements herein described shall have the right to request, in writing to all parties, a special meeting within 30 days of notification of a ROI modification. No such changes shall be made prior to notice to all parties.
8. Each party accepts as valid the ROI of each of the other parties, as attested to in Item 1 above and will transmit requested information in response to receipt of such properly completed forms unless reasons other than the form of the ROI require that the information not be released.
9. The contacts for purposes of communicating ROI modifications, requesting special meetings, representing signatory agencies at meetings, and other matters related to carrying out the MOA requirements shall be:

Judicial Branch	Daniel Horwitch
Department of Correction	Sandra Sharr
Board of Pardons and Paroles	David Rentler
Department of Mental Health and Addiction Services	Ann Smith
Department of Developmental Services	James P. Welsh
University of Connecticut Health Center	Robert Trestman
- Correctional Managed Health Care	

10. Implement this Memorandum of Agreement (MOA) effective May 1, 2011.
11. This Agreement may be modified only by a written document that is signed by the duly authorized representatives of all parties. Any party may withdraw from this Agreement after giving thirty (30) days written notice to all other parties. The thirty day notice provision will not apply if, in the opinion of a signatory to this Agreement, the health, welfare or safety of the public, the staff of any signatory, or clients is in jeopardy. In such case, written notice of the termination will be forwarded to each other party and will set forth the reasons why the health, welfare or safety of the public, staff or clients is in jeopardy, and the termination date.

ACCEPTANCES AND APPROVALS:

By the

Department of Mental Health and Addiction Services

Department Name

Patricia A. Rehmer 4/21/11
Signature (Authorized Official) Date

Patricia A. Rehmer Commissioner
(Typed Name of Authorized Official) Title

By the

Department of Correction

Department Name

Leo C. Arnone 4-29-11
Signature (Authorized Official) Date

Leo C. Arnone Commissioner
(Typed Name of Authorized Official) Title

By the

Department of Developmental Services

Department Name

Peter H. O'Meara 4/19/2011
Signature (Authorized Official) Date

Peter H. O'Meara Commissioner
(Typed Name of Authorized Official) Title

By the


Board of Pardons and Paroles

Department Name

Robert Farr 4/18/11
Signature (Authorized Official) Date


Robert Farr Chairman

By the Judicial Branch

 _____
Signature (Authorized Official) Date 4/28/2011

Barbara M. Quinn _____ Chief Court Administrator
(Typed Name of Authorized Official) Title

**By the University of Connecticut Health Center
Correctional Managed Health Care Division**

 _____
Signature (Authorized Official) Date 4/21/11

John Biancamano _____ Chief Fiscal Officer
(Typed Name of Authorized Official) Title