Consent Form Checklist
42CFR Part 2

✓ Patient Name

✓ Name or general designation of disclosing Part 2 program/entity/individual

✓ Amount and kind of information to be disclosed
  o Must include “how much” and “what kind” of substance use disorder
    information may be disclosed

✓ Name or General Designation of recipient
  o General Designation is allowed for the recipient if
    ▪ Recipient has a treating provider relationship
    ▪ Consent form includes a statement that patient has a right to a list of
ten disclosures upon request
  o Never have to offer general designation if you cannot provide list of disclosure
    upon request

✓ Purpose of disclosure
  o Disclosure must be limited to the information which is necessary to carry out
    stated purpose

✓ Statement that consent is subject to revocation and explanation of when consent will
  expire if not revoked

✓ Patient Signature and date signed
  o May be electronic