

CareCertify LLC

Substance Use Disorder Training Series

SUD-05

Client Rights, Confidentiality & 42 CFR Part 2

Participant Guide

Substance Use Disorder Training Series · Audience: Counselors · Technicians · Support Staff · Recovery Peers · CE Hours: 1.0

The Strictest Privacy Law in Health Care

Substance use treatment records are protected more strictly than almost any other health information, under the federal rule 42 CFR Part 2. The reason is serious: a disclosure that someone is in addiction treatment can cost them a job, housing, custody of their children, or their legal standing. Clients trust you with that risk.

This guide covers client rights under Chapter 245G and the confidentiality laws — especially 42 CFR Part 2. The bottom line you must internalize: don't confirm, share, or even acknowledge a client's involvement without proper consent, and when unsure, check first.

Learning Objectives — by the end of this module you will be able to:

- Summarize client rights in SUD treatment
- Explain what confidentiality means and why SUD records are extra protected
- Describe what 42 CFR Part 2 requires
- Apply consent and release-of-information rules
- Identify mandatory exceptions and everyday privacy practices

Section 1: Client Rights in SUD Treatment

Chapter 245G sets out the rights of clients in substance use treatment, including the right to be treated with dignity and respect, to give informed consent, to participate in their treatment, to privacy and confidentiality, to be free from abuse and neglect, and to voice grievances without retaliation. Clients must be informed of their rights, and a program may not require a client to waive a right as a condition of services.

Section 2: What Confidentiality Means

Confidentiality means protecting client information and sharing it only as the law allows. In substance use treatment, even the fact that someone is or was a client is protected information. Confidentiality applies everywhere — conversations, records, phone calls, online — and it is both an ethical duty and a strict legal requirement.

Section 3: 42 CFR Part 2

42 CFR Part 2 is the federal regulation that protects the confidentiality of substance use disorder patient records. In general, a Part 2 program cannot disclose — or even acknowledge the presence of — a patient without the patient's specific written consent, beyond limited exceptions. This stronger-than-usual protection exists because a disclosure can cost someone their job, housing, custody, or legal standing. Know and follow your program's Part 2 procedures.

Don't even confirm attendance

Under 42 CFR Part 2, you generally can't confirm someone is a patient — not to family, employers, or even law enforcement — without valid consent or a specific legal exception.

Section 4: The Web of Privacy Laws

Several laws protect client data: 42 CFR Part 2 (the strictest, for SUD records), HIPAA (federal health privacy), the Minnesota Health Records Act and Government Data Practices Act (ch. 13), and Minn. Stat. 254A.09 in the SUD context. You don't need to be a lawyer — you need to know that SUD records carry the strongest protection and to follow your program's policies.

Section 5: Consent and Releases of Information

Disclosing client information to outside parties generally requires a valid, specific written consent — and Part 2 consents have particular required elements (what's disclosed, to whom, for what purpose, and how long it's valid). Share only what the consent authorizes, and verify before disclosing. Disclosures made under Part 2 also often require a notice prohibiting re-disclosure.

Section 6: Mandatory and Limited Exceptions

42 CFR Part 2 and other laws have limited exceptions that allow disclosure without consent: bona fide medical emergencies, mandated reporting of child abuse (and other safety reporting as the law requires), certain court orders, and internal program communications. These are specific and limited. Know that exceptions exist, don't assume one applies, and follow your program's procedures and supervisor when a safety or legal situation arises.

Don't promise total secrecy

Tell clients up front you'll strictly protect their privacy but must act on safety, like risk of harm or child abuse, as the law requires.

Section 7: Everyday Privacy Practices

Most breaches are everyday slips: discussing a client where others can hear, leaving a screen or chart visible, or confirming someone's presence to a visitor or caller. Protect privacy with simple habits — don't discuss clients in public, secure records and devices, verify identity before any disclosure, and never acknowledge a client to outside parties without proper consent.

Section 8: When in Doubt, Check First

When you're unsure whether you can share information, pause and check with your supervisor or program policy before disclosing. Given how strictly SUD records are protected and how serious the consequences of a wrongful disclosure can be, the safe default is always to protect privacy and check first. Protecting confidentiality is protecting the person and the trust treatment depends on.

Key Terms

Term	What it means
Confidentiality	Protecting client information and sharing only as the law allows.
42 CFR Part 2	Federal rule giving the strongest protection to SUD treatment records.
Consent / release	A valid written authorization to disclose specific information.
Re-disclosure prohibition	A notice barring further sharing of Part 2 information.
HIPAA	Federal health-information privacy law.
Mandatory exception	A specific situation (like medical emergency or abuse reporting) allowing disclosure.

Check Your Understanding

1. Name three client rights in SUD treatment.
2. Why are SUD records protected more strictly than other records?
3. What does 42 CFR Part 2 prohibit without consent?
4. What does a valid release specify?
5. Name two limited exceptions to Part 2 confidentiality.

What's Next

Looking ahead

Next, SUD-06: Crisis Response & Overdose Prevention covers responding to crises and reversing opioid overdose with naloxone.