



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

September 18, 2019

Dear Colleagues:

At the time of admission, it is a best practice for OASAS treatment providers to offer persons entering a program the opportunity to identify one or more support delegates (i.e. someone to support their recovery who may be a family member, a friend, or someone from the recovery community) to be involved in their treatment. This person may or may not attend sessions with the person or may be engaged separately as a collateral contact. The inclusion of supports in addiction treatment is an important best practice and as such, it is now required that every person entering treatment be offered this opportunity, unless it is determined not to be clinically appropriate.

The program may utilize a "Consent to Release of Information Concerning Alcoholism/ Drug Abuse Patient" that complies with federal law, to allow the person to designate support delegates, or persons who fulfill an important role in supporting the person's treatment, care, coordination and recovery. This consent form protects the privacy rights of the persons entering and engaging in treatment while ensuring that they are given the option to identify a support delegate of their choice. When completing the appropriate consent, program staff must work with the person to clearly identify the circumstances regarding when and how such notifications will occur. This should involve a discussion with the person who is the focus of treatment and the support delegate either in the same session or separately. The counselor should work to identify specific situations that may cause a specific risk to the person, for example, missing appointments, or testing positive on a drug test, hanging out with a specific person or persons, or having increasing thoughts about using. The agreement may include specific ways in which the person would like the information shared, the way in which he or she would like the support delegate to respond, as well as clinically appropriate actions that may need to be taken to reduce the risk of harm. The program shall reserve the right to discontinue the role of the support delegate if, and when, it is determined that continued involvement could be detrimental to the treatment process or may otherwise result in harm to the person or others. Frequency and scope of disclosures will be agreed upon by the person and the clinical staff member responsible for their care and communicated to the family or support delegate.

When the person entering treatment declines to identify family or support delegates to be notified, such declination should be acknowledged in writing and entered into the person's treatment record. Program policies and procedures implementing this requirement shall clearly define the circumstances when the consent to communicate with family or support delegates will be reviewed, or if previously declined by the person, when the ability to identify family or support delegates will be offered again. Such review or offer must be conducted on a routine basis in a manner that is cognizant of the person's progress in treatment and stated goals. Any review, modification or declination should be noted in the person's treatment record.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Kent", with a long horizontal flourish extending to the right.

Robert A. Kent
General Counsel