Bulletin/Update
6/9/2026

UPDATES TO DISCLOSURE OF PATIENT INFORMATION

When disclosing patient information protected under Title 42 Code of Federal Regulations (CFR) Part 2, and the disclosure is being made based on the patient's written consent, Federal regulations require you to include the following two items with the disclosure:

1. **A Part 2 Confidentiality Notice** – This notice tells the recipient that the information is protected by Federal law (42 CFR Part 2) and that the information cannot be redisclosed unless allowed by Part 2 or otherwise permitted under the Health Insurance Portability and Accountability Act (HIPAA).
2. **A Copy of the Patient's Consent Form or a Brief Summary of the Consent (42 CFR 2.32[b])** – This requirement ensures the recipient understands the scope of what the patient has consented to. If using a summary instead of the full consent form, it must describe the following:
    a. Who the information may be shared with (the recipients or class of recipients),
    b. What information may be shared, *and*
    c. Why the information is being shared (the purpose authorized by the patient).

These items must accompany any disclosure of Part 2-protected information made under a patient's consent, including disclosures for the following:

- Utilization review
- Care coordination
- Treatment or other health care operations
- Any other disclosure made under a valid patient consent
- Payment activities (billing or claims)

Effective July 1, 2026, South Country Health Alliance will begin rejecting claims from Part 2 Providers that do not meet this requirement. Part 2-protected information is disclosed for payment purposes through claim submission, the required Part 2 confidentiality notice and summary of consent must be included on the claim. This requirement is satisfied by entering one of the following claim notes *exactly* as indicated below:

Claim Loop 2300, Segment NTE

NTE01 = ADD

NTE02 = Include one of the following:

“42 CFR Part 2 prohibits unauthorized use/disclosure of these records – TPO on file"

OR

"42 CFR Part 2 prohibits unauthorized use/disclosure of these records – <description of patient’s consent>*"

***Note:** If entering the second option, be sure to replace “<description of patient’s consent>” with a brief description of what information the patient has agreed to disclose and to whom. Also, this update addresses the 80-character limit for the NTE segment, which prevented some providers from submitting the previously required wording.

Providers are not required to submit a copy of the patient’s consent form with each claim. If a provider chooses to submit the consent form as an attachment, it must be identified using the PWK segment (Loop 2300) with Report Type Code CK (Consent Form).

These requirements help to ensure that anyone receiving Part 2-protected information understands the patient’s authorization, knows how the information may be used, and recognizes the confidentiality protections that still apply after the disclosure.

If you have any questions, please contact the South Country Provider Contact Center at **1-888-633-4055** (toll free).

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South Country Provider Contact Center

1-888-633-4055

Hours: 8 a.m. - 4:30 p.m.

The Provider Contact Center staff are available as your first point of contact to assist with the following.

- Member benefit coverage
- Provider web portal issues
- Authorization verification
- Claim rejection guidance
- Website questions
- General information
- Claims billing and processing guidelines
- Remittance adjustment code details and payment information

South Country wants to ensure providers are reimbursed for services provided to our members and following all billing guidelines. Our staff are committed to support and guide you in understanding all South Country processes and procedures. In addition, callers that utilize our Provider Contact Center are provided a reference number that identifies your call in our system. Please keep the reference number in your records to refer to if you have any additional questions or need to check the status of an open issue. The reference number will help the representative locate your issue quickly.