

August 28, 2006

## ACKNOWLEDGMENT AND ADHERENCE TO CLIENT CONFIDENTIALITY

All employees of Coos County Mental Health, volunteers and subcontractors, are governed by confidentiality requirements defined in state and federal law. It is a violation of client confidentiality to discuss or release any information, with any individual other than Coos County Mental Health employees, volunteers or subcontractors, without appropriate consent. Discussion of clients among employees, volunteers or subcontractors, should be limited to that information necessary for job performance. Violations of client confidentiality are extremely serious and can result in legal action against Coos County Mental Health and in disciplinary action against the employee. Other sanctions may be imposed on volunteers or subcontractors committing a violation. A client is defined as any individual who has received services at any time from CCMH. Services begin at the point of a screening, an assessment or pre-admission contact in which the individual reasonably believes the information shared is confidential. Information is defined as any material obtained either verbally or in writing pertaining to the client. Information not recorded, but known by staff is subject to these requirements. The fact that a client is receiving services or has received services is confidential.

I understand that all information regarding any client of Coos County Mental Health is confidential and is not to be discussed with any individual who is not an employee, volunteer or subcontractor of CCMH, unless:

- There is a signed, written "Authorization for Release of Information" in the client's file. The release must contain the following information:
  1. Who can release the information.
  2. To whom the information is being released.
  3. About whom the information is being released.
  4. What information is being released.
  5. Purpose of the requested release.
  6. How long the authorization lasts.
  7. The statement that the client has the right to revoke the release at any time and the process for doing so.
  8. The statement that Coos County Mental Health Department does not condition treatment on the individuals refusal to sign an authorization, except under the limited circumstances as defined by law.
  9. The statement of the consequences of a refusal to sign an authorization, in accordance with state and federal privacy laws, in the circumstances when Coos County Mental Health Department can condition treatment.
  10. The potential for re-disclosure of information that is released.
- In accordance to HIPAA Policy 10 for the Treatment, Payment, or Other Healthcare Operations of the Department.
- In accordance to HIPAA Policy 11 describing those purposes defined by law that do not require a release:
  11. As required by law.
  12. Public health activities
  13. To local law enforcement or the appropriate state agency when there is suspected or known abuse, neglect, or domestic violence
  14. Health oversight activities
  15. Judicial and Administrative proceedings
  16. Law enforcement purposes
  17. Disclosures about decedents
  18. Organ/tissue donation
  19. To the appropriate authority if in the good faith opinion of the clinician the disclosure may avert serious and imminent threat to the health or safety of a person or the public
  20. Specialized government functions
  21. Worker's compensation

- In the case of medical emergencies where because of injury or other circumstance, the client is unable to convey consent, if the protected health information for which the disclosure is sought is not intended to be used by law enforcement against the client; and an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the client is able to agree to the disclosure; and the disclosure is in the best interests of the interests of the client.
- For persons conducting scientific research, program evaluation, peer review, and physical audit. In these situations, the client's identity should not be disclosed unless essential to the process or unless of benefit to the client.
- For government agencies and/or insurance carriers to secure compensation for mental health services.
- To the Mental Health and Developmental Disability Services Division.
- To the computer based mental health information system (CPMS).
- To the Driver and Motor Vehicles Department of information pertaining to a client in which there is a disorder characterized by momentary or prolonged lapses of consciousness or control (i.e. - determining qualification for driver's license).
- To the Oregon State Police of any client who is subject to a felony or misdemeanor warrant for arrest in any U.S. jurisdiction.
- To Court Appointed Special Advocates (CASA) of any records relating to a child or adolescent involved in child abuse or neglect judicial proceedings.
- To the Oregon Advocacy Center for clients and situations under the rules specified in the MHGDSD Handbook of Confidentiality.
- To a program under contract with CCMH to provide services to CCMH clients.

I understand that in all instances the information released should be specifically limited to the minimum necessary to fulfill the requirements of the specific circumstance. All releases with client consent should contain, on the release of information, the date the information was forwarded, whether the information was given in verbal or written form, and what specific information was sent. For disclosures without client consent, the "Release of Information Without Client Consent" form must be completed.

If I am licensed, I understand that my licensing board may impose disciplinary sanctions for violations of confidentiality, which may include denial, suspension, revocation or refusal to renew my certificate or license. Disciplinary sanctions may also include probation and imposing conditions or limits on the scope of practice. The licensing board may also impose a civil penalty.

I have read the Coos County Mental Health policy on client confidentiality. I understand that I am responsible for knowing and following all aspects of the policy. I understand that I am subject to the sanctions stated, if in violation of the policy.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of  
Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_