



ACTION 169

ROSE HOUSE

A RESTORATION HOME FOR WOMEN 18+

Confidentiality and Authorization for Release of Information Policy

Staff

Action169 is committed to maintaining high standards of confidentiality in all aspects of its work. This includes records and information relating to staff, volunteers, board members, clients, and residents.

Policy Statement

In compliance with federal regulations (Federal Register, October 1, 1993, 42 CFR, Chapter 1, Part 2) and any applicable sections from the Health Insurance Portability and Accountability Act of 1996 (HIPPA), records on the identity, diagnosis, prognosis, or treatment of clients which are maintained at Rose House will be confidential.

Unauthorized release of confidential information by staff may be cause for immediate dismissal.

Authorization shall be obtained in order to acknowledge the client/resident's presence at Rose House verbally or in writing or to communicate and/or consult with any person or agencies outside the home to ensure the clients right to privacy and confidentiality. The purpose of this disclosure is to provide information to parties personally interested in evaluation and care of the client.

Disclosure shall be made when an order of the court demanding the confidential information from the client record or by testimony provided conditions of Federal regulations and MN Data Practices are met.

In order to disclose information in non-emergency situations, the client's written consent is required. It shall comply with Federal regulations on confidentiality of any alcohol and drug abuse client records and must include all of the following:

1. Name of program making the disclosure.
2. Name of person or organization to whom the information is released.
3. Name of client.
4. Purpose of need for disclosure.

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5. Specific information to be released.
 6. Date consent will terminate and statement that consent may be revoked at any time except in instances where a particular action depends upon the consent remaining in effect.
 7. Data Consent is valid.
 8. Clients signature.
 9. Signature of witness.

Clients/residents will be informed of the specific information that is to be released to each individual or agency.

Clients will be informed that their cooperation in signing releases will not affect their care or program; however, clients will be encouraged to sign necessary releases. They shall be informed that these releases authorize acknowledgement of their presence in the program. It shall be made clear to residents/clients that they can revoke the consent at any time and that it expires as indicated on the form.

All requests for information from outside agencies must be submitted in writing.

All staff members are requested to sign a statement to Action169's policy on confidentiality which is maintained in their personal file.

Procedure

1. During formal introduction to Rose House, the client/resident will be requested to sign appropriate release of information forms (i.e. referral sources, family members, physician, treatment centers, other safe homes, employers, probation, other agencies etc . . .) to disclose specific information about the client to ensure continuity of care. The client will be informed of the purpose for each release and of her rights relating to them as stated in this policy. The client may be asked to authorize the release of specific information at any time during the course of their program at Rose House.
2. The release shall become a part of the client record.
3. In a life threatening situation or when an individual's condition or situation precludes the possibility of obtaining written consent, the program may release pertinent medical information to the medical personnel responsible for the individual's care with the individual's authorization.

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- a. Prior written consent of the director or designee will be obtained if obtaining such an authorization would not delay delivering treatment or care to the individual.
 - b. The staff member responsible for releasing information under the above conditions shall enter all details pertinent to the transaction in the client record including:
 - The date information was released
 - The person to whom information was released.
 - The reason information was released.
 - The reason written consent could not be obtained.
 - The nature and details of the information given.
 - c. As soon as possible after the information is released, the client shall be informed that such information was released.

Criminal Justice Referral: Consent and Redisclosure

1. Any information received in connection with an individual's involvement in the Rose House program as the result of a criminal justice referral, may only be used by the recipient of the information in carrying out care related to the particular client.
2. The information may not be redisclosed for general investigative purposes or used in unrelated proceedings or purposes when a client's criminal justice status has been substantially changed as a consequence of alcohol and/or drug abuse.

By signing and agreeing to this policy you certify that you understand that any information (verbal, written or other form) disclosed within Action169-Rose House must remain confidential. This includes all information about residents, their families, members and other individuals or organizations. Staff members and volunteers commit to upholding the value of confidentiality by not sharing information in public spaces or in front of non-staff members (e.g. residents) or on the telephone while there are non-staff members next to you.

I have read the Action169 **Confidentiality and Authorization for Release of Information Policy** and hereby agree to adhere to the guidelines of confidentiality. I understand that any breach of confidentiality will be investigated and may be subject to disciplinary proceedings.

Employee/Volunteer/Intern Full Names Signature

Management Name Management Signature