

601 – CONFIDENTIALITY POLICY AND PROCEDURE

<p>POLICY TITLE and number</p>	<p>601 Confidentiality Policy and Procedures</p>
<p>HEADER INFO - Adopted - Revised</p>	<p>Adopted 10/1985 Revised 02/92, 10/94, 08/02, 2/12, 08/14, 3/21</p>
<p>RULE REFERENCE</p>	<p>5123:2-3-01, 5123:2-3-13, 5123:2-3-17, 5123:2-3-04, 5123.01, 5123.04, 5123.19, 5123.62-64</p>
<p>GLOBAL POLICY STATEMENT (what and why)</p>	<p>Choices In Community Living, Inc. will maintain records in a manner that protects them from unauthorized disclosure of information, loss, destruction and/or theft.</p> <p>Choices In Community Living, Inc. expects employees to maintain confidentiality concerning employee and client information. Information is shared on a need-to-know basis only.</p>
<p>GUIDELINES/PROCESS STATEMENTS (how)</p>	<p>Employees, advocates and volunteers maintain confidentiality in all programs, departments, functions and activities in regard to treatments, records and discussions about any clients served. The unauthorized release of information may result in disciplinary action. Client’s records and information will be made available to the appropriate individuals only with the required written releases. This includes the client and the guardian.</p> <p>Choices in Community Living, Inc. expects employees to comply with the following guidelines:</p> <ul style="list-style-type: none"> • Do not share information or gossip about clients with anyone who is not authorized to have this information. • Do not discuss or share client information in any way with unauthorized individuals, formally or informally, whether on or off duty. • When information is requested for which there is no authorization, respond with the statement: “Choices In Community Living, Inc. board policy does not permit us to give out that information without written consent” • Explain the Release of Information form to the client. Explain that information is released on a need-to-know basis only. • Provide records to individuals from an outside agency with the authority to inspect records only with prior approval from the Program Director. Note taking, copying of records or removal of records from the office is acceptable only if it is a requirement in the provision of services for the individual. • Access to records is permitted on a need-to-know basis only. • Return client records to the secure storage area when not actively using them. • Electronic records will be treated the same as paper documents and staff will be expected to safeguard access to this information with extreme diligence. <p>Written Authorization Individuals outside of the organization obtain information about a client by requesting written authorization (also known as written release) for the information. Written</p>

	<p>authorization must include the reason for the release of information, to whom the information will be released, what information will be released, and duration of the release.</p> <ul style="list-style-type: none"> • The written authorization is signed by the client or legal guardian. • Maintain written authorizations in client files. • Refer to the retention and destruction schedule prior to discarding a written authorization from a file. <p>Verbal Authorization Verbal authorization is only acceptable when written authorization was not previously obtained or the time involved to obtain a written authorization will not ensure services in a timely manner. Verbal authorization must be witnessed by one person in addition to the employee. It is not acceptable to obtain verbal authorization instead of written authorization.</p> <ul style="list-style-type: none"> • Both witnesses record the verbal authorization, including the date, on an authorization form. • The individual and/or guardian will sign a written authorization as soon as possible. <p>Implied Authorization Information may be shared on a need-to-know basis only:</p> <ul style="list-style-type: none"> • Choices In Community Living, Inc. direct service and administrative personnel involved with the ongoing services of the client • Volunteers and contract providers at Choices In Community Living, Inc. on need-to-know basis. • Representatives of state and county authorities who work with the individual or are required to monitor services. • Emergency care personnel if the information is vital to life and safety
<p>FORMS Titles of forms</p>	<p>Confidential Privacy Violation Form COVID-19 Security Reminder Meaningful Consent Form HIPAA Cheat Sheet</p>
<p>TRAINING Titles of training</p>	