



Policy on Confidentiality

As an employee with UCAN you will have access to information related to our clients and the business of our agency. Accessing this information should only be done on a need to know basis and must be related to the provision of services or program operations.

Clients' confidentiality will be protected according to the Confidentiality Act of the MHDD Code, the Health Insurance Privacy and Portability Act (HIPAA), HITECH and rules set forth by the Illinois Department of Children and Family Services (DCFS) as well as best practice standards determined by UCAN. The content of agency client records, including those belonging to both manual and automated information systems, as well as photographs, video and audiotapes, shall be of a confidential nature and shall not be made available to the general public.

It is imperative that when explaining confidentiality rights to UCAN clients, it must be done in a language or method of communication understood by the client and documented in the client's case record.

Illinois and U.S. law mandates that personal health information be kept confidential except under specific circumstances. Personal health information includes demographic, billing and medical information about the client. The fact that someone is receiving care is also to be kept confidential. This information cannot be shared with others except for the purposes of treatment, payment and health care operations or with the consent of the client or as provided by law.

Information related to the business of UCAN is also confidential and proprietary. This includes billing and employment information, business plans, programs designed for clients, and any information on the day-to-day operations of UCAN. This information may only be shared in the context of your work responsibilities.

Your duty to keep confidential client and business information remains even after you are no longer employed by UCAN.

Disclosure of Client Personal and Mental Health Information Policy:

Prior to the disclosure of any information UCAN employees responsible for the disclosure will assess whether the reason offered for the disclosure is valid. Upon the decision that the disclosure is valid, the disclosure of personal or mental health client information to any person or agency other than DCFS representatives (for DCFS clients) shall require the prior written consent of the parent/guardian and all clients over 12 years of age.

Every such instance of disclosure will be documented on Consent to Release Information Form prior to the disclosure being made. Any exceptions to the disclosure policy will also be documented in the client's case file, along with an explanation of the circumstances of the disclosure. UCAN will conduct on-going reviews of case records via the supervisor assigned to the case record to determine that only appropriate disclosures have taken place.

UCAN will seek legal counsel, when determined necessary if special or unusual information is sought by the courts, public officials, investigative units or law enforcement bodies.

UCAN will take extra precautions to protect its most vulnerable clients including children without permanent family ties and persons who have a mental disability or are illiterate.

UCAN will also have on-going review of all decisions regarding computer applications and the management of computerized files to ensure it is in line with this policy.

UCAN will obtain informed, written consent from the client, or legal guardian, prior to recording, photographing, or filming. Specific practices around obtaining such consent can be found in the agency procedure to record, film and photograph clients.

Exceptions to Disclosure Policy:

The agency may, without prior consent of the parent/guardian and/or client, disclose client information to the following persons or categories of persons. Upon intake clients shall be notified of these circumstances. In all cases the least amount of information necessary shall be relayed.

- Law Enforcement/Judicial/DCFS/Office of the Inspector General. Agency personnel may release personal information to municipal and sheriff's police and the state police, and to Illinois State's Attorney, when releasing the information is consistent with the client's safety and well-being (for example, when a client has run away). Records can also be released by court order. If a records request is made via subpoena from an attorney, the records will not be released. The UCAN representative will contact the attorney and request a court order in order to release mental health records. Records can be released upon request by IDCFS if they are the guardian of the client or the Office of the Inspector General.
- Health Information. In cases where a client of UCAN poses a credible threat to the safety of an identified person(s) due to their status of having an infectious or contagious pediatric disease (e.g. informing a school that a youth has the measles). For HIV/AIDS status, see below.
- HIV/AIDS Information. At no time should the HIV/AIDS status of any adult be disclosed without their written consent as their status is considered private. In the case of a minor for whom UCAN is the custodian, any disclosure of HIV/AIDS status is based on the need to know in order to provide service to the client. Best practice standards dictate that we inform the youth of who needs to know and work with them to obtain their consent or assent. If they assent it is explained again who exactly needs to know in order to provide services to the client and inform their guardian exactly who is being informed.
- Danger to Themselves. In cases where a client poses a credible threat to his or her own safety (e.g., where a client has a recent history of suicide attempts), persons responsible for the supervision or care of the client during the period of credible threat shall be apprised of the danger. The potential for dangerous, self-injurious behavior should be documented in the client record.
- Duty to Warn In cases where a client of UCAN poses a credible threat to the safety of an identified person(s) (e.g., where a client has threatened to harm a schoolteacher), an authorized employee shall inform the threatened person(s) of the danger posed by the client and inform the police, documenting the warning. (Please see UCAN Policy on Mandated Reporting for complete information).
- Child Abuse/Elder Abuse Hotlines. In cases where it is believed that a UCAN client has been abused or neglect, the employee is mandated by law to report such information to the Illinois Child Abuse Hotline (1-800-25-ABUSE). In certain situations where it is believed that an older person is being abused, the employee is mandated by law to report such information to the Illinois Elder Abuse Hotline (1-866-800-1409). (Please see [UCAN Procedure](#) on Mandated Reporting for complete information).
- FOID (Firearm Owner Identification) Notification: Certain clinical staff at UCAN are mandated by law to report the name of any clients whose mental condition is of such a nature that it poses a clear and present danger to the client or others to the Department of Human Services. (Please see UCAN Policy on Mandated Reporting for complete information).
- Persons Conducting External Reviews of Agency Practice. The agency shall disclose that information necessary for the proper external review of agency practice and performance by authorized reviewing personnel, including but not limited to auditing, contracting, licensing or accrediting personnel. In such cases, the person(s) receiving information shall be notified by the agency that the information is confidential and such information is not to be further released.

All UCAN employees are expected to keep confidential personal or mental health client information and our business information. Breaching confidentiality of a client's personal or mental health information is a violation of law and could result in legal action against the employee. Additionally, breaching client

confidentiality or the confidentiality of our business information may subject employees to disciplinary action up to and including termination.

I acknowledge that as part of my training on confidentiality I was trained regarding rules related to HIPAA. I have read and understand the UCAN Policy on Confidentiality and recognize that a breach in confidentiality of client of business information is not permissible by UCAN.

Date: _____

Name of Employee (PRINT NAME)

Signature