



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

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DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

CONFIDENTIALITY WHEN DEALING WITH CLIENT
SUPPORT PERSONS (OUTPATIENT AND INPATIENT)

APPROVED


Rudy Lopez, Director

I. POLICY

It is the intent of the Department to (1) recognize the critical need of many clients for additional social support, (2) develop sources of support (especially families of clients) for those clients, (3) involve support persons in the support and care of the client, receiving valuable information from them about the client as well as providing them with information to enable them to understand and to help the client, and (4) protect and honor the rights of clients to appropriate confidentiality. (The procedures below are intended to apply primarily to adult clients and those adolescents who can legally consent to their own treatment, although the confidentiality concerns and caveats are analogous for children.)

All Department staff are enlisted in this effort to enhance the social support systems of clients, while at the same time preserving client confidentiality.

II. PROCEDURE

- A. Staff will be familiar with state and federal as well as professional ethics confidentiality guidelines.
- B. Staff will assess the social support system of all clients and will identify important support persons. These persons may be family members, neighbors, landlords, friends, workers in other agencies, other professionals providing services to the client, etc. They may provide help with medications, transportation, housing, money management, good advice in times of trouble, mediation of conflicts with others, alternative places to stay, food in emergencies, etc. Information identifying important support persons may be sought from the client, the client's record, and other appropriate persons.
- C. Staff will discuss with the client the client's support system and the critical importance of social support persons and will negotiate with the client written releases of information enabling staff to communicate certain needed information to these caregivers. The information to be shared with caregivers will be identified specifically with respect to each caregiver (taking into account the role of that caregiver with respect to the client) and will be noted on the release form. Information which might be shared includes:
 - the client's diagnosis and prognosis,
 - the treatment plan, methods, and goals,
 - medications prescribed, their effects and side-effects, and the consequences of not taking the medications as prescribed,

- assistance needed with the medication regimen,
- behavioral and symptomatic indications of not taking medications as prescribed,
- behavioral and symptomatic indications of need for professional intervention when the client may be suicidal, homicidal, or suffering health impairment,
- what to do if the client needs help and is not obtaining it himself/herself or when the client is a danger to self or others.

- D. Adhering to the client's authorizations for release of information, staff will contact caregivers, as needed, to assess the client's current condition and to ensure the client's safety and well-being. Caregivers will be encouraged to provide appropriate help to clients. Staff will help caregivers learn to provide help appropriately and to deal with their feelings and issues regarding the client's problems and their attempts to help the client.
- E. When clients are reluctant to have all information shared, staff will attempt to secure releases for whatever relevant information the client is willing to release to each important caregiver. Clients will be reminded of the possible benefits to the client of sharing information with caregivers, such as reduced likelihood of rehospitalization and reduction of negative effects of not taking medications as prescribed.
- When a client is an inpatient, staff will seek the client's cooperation in authorizing communication with caregivers and family in order to be able to provide the best possible treatment for the client.
- F. Staff will work with clients to encourage useful and appropriate communication between clients and their caregivers in an atmosphere of mutual respect and trust.
- G. Support persons will be encouraged to speak directly with clients regarding their needs for information and will be encouraged to report concerns about clients to staff. (A release of information from the client is not needed in order for staff to receive information about the client from another person. Normally these communications need not be disclosed to the client, unless not to disclose them would damage the treatment relationship with the client.)
- H. With regard to persons not authorized by the client to receive partial information, staff will adhere the client's specific authorization and restrict information given to those areas authorized. (Even though the client has not authorized release of information to these persons regarding certain areas of the client's life or functioning, staff may still receive information from these persons about those areas, and in G above. Normally these communications need not be disclosed to the client, unless not to disclose them would damage the treatment relationship with the client).

- I. With regard to persons not authorized by the client to receive information, staff will not acknowledge the client's status as a client but will explain the confidentiality rules. Without acknowledging that the client is a client, staff may still receive information about the client on a hypothetical basis from those persons not authorized by the client to receive information, and staff may still help those persons with their concerns about the client, as long as that help does not implicitly acknowledge the client's status as a client.
- J. Support persons whom the client has not authorized to receive confidential information may still be helped by staff by the provision of non-confidential information. Without acknowledging the client status of the client, staff may still answer questions such as "What is schizophrenia?", "What are the treatments for schizophrenia?", "What are the side effects of Stelazine?", "When should I bring a person to the psychiatric unit?", etc. This provision of information is often easier if the staff member answering the questions is not the client's provider.
- K. Staff are reminded that information from support persons is not necessarily any more accurate than that provided by the client.
- L. Staff will exercise good judgment in not releasing information about a client to those who are known to be mistreating or abusing the client, even though the client authorizes such release. (In this circumstance, reports to Adult Protective Services, Child Protective Services, or the Patients Rights Office should be considered.)
- M. Regardless of the client's decisions about releasing information, staff will be mindful of instances in which potential danger to caregivers or others from the client requires that warning information be given. In these cases, consultation will be sought from the clinician's supervisor.
- N. In addition to clinical staff, the Department's Patients Rights Office will assist support persons and caregivers in understanding their roles and rights with respect to the care of the mentally ill.
- O. Support persons and caregivers may be referred to self-help groups of those dealing with mentally ill family members or may be provided with written information or referrals to information regarding mental illness, its treatment, and coping with the mental illness of loved ones.

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