

*ALLEGHANY COUNTY GROUP HOMES, Inc.*

**CONFIDENTIALITY**  
**Policy & Procedure Manual**

**1 July 2001**

ALLEGHANY COUNTY GROUP HOMES, INC.

SIGNATURE PAGE

I, the undersigned officers of the Board of Directors, have read and approve these “Alleghany County Group Home, Inc. “Confidentiality Policy and Procedures” dated 1 July 2001 as written. I understand that it is the right of the Board of Directors to amend these policies as required.

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**Alleghany County Group Homes, Inc.**

\_\_\_\_\_  
Chairman

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Vice-Chairman

\_\_\_\_\_  
Date

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Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

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Date

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Date

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## ***SUBCHAPTER 18D – CONFIDENTIALITY RULES***

### ***.0100 GENERAL RULES***

#### ***.0117 PURPOSE AND SCOPE***

The purpose of these Rules and policies and procedures is to set forth requirements and the steps to follow to assure the confidentiality for those who collect, store and disseminate information on individuals who are served by Alleghany County Group Homes, Inc. (ACGH). All employees, students, volunteers or other individuals who have access to or control over confidential information of any client served or under consideration for services by ACGH shall abide by these Rules.

#### ***.0118 GENERAL PROVISIONS***

*.0118-A Area or state facilities or individuals with access to or control over confidential information shall take affirmative measures to safeguard such information.*

ACGH employees shall not release any confidential information without complying with the provisions of NC State Law in G.S. 122C-51 through G.S. 122C-56 and the Rules in Subchapter 18D. Procedures for release are included in this Policy and Procedure Manual. Employees are required to protect all confidential information. Failure to safeguard such information may constitute a misdemeanor or be punishable by fine or imprisonment. ACGH may also take disciplinary action including suspension and dismissal.

ACGH employees will receive orientation training and annual recurring training on safeguarding confidentiality and the consequences of improperly divulging or releasing information. An “Assurance of Confidentiality” form will be signed and dated by each employee at the conclusion of training.

*.0118-B Confidential information may not be released or disclosed except in accordance with G.S. 122C-51 through 122C-56 and the rules in this Subchapter.*

ACGH will comply with the provisions of G.S. 122C-51 through G.S. 122C-56.

*.0118-C Confidential information regarding substance abuser shall be released or disclosed in accordance with the federal regulations 42C.F.R. Part 2, “Confidentiality of Alcohol and Drug Abuse Patient Records”, which are adopted by reference pursuant to G.S. 150B-14(c), unless the rules in this Subchapter are more restrictive in which case the rules in this Subchapter shall be followed. NA*

*.0118-D Confidential information regarding infants and toddlers receiving early intervention services who have or who are at risk for atypical development, developmental delay or developmental disability shall be released or disclosed in accordance with the federal regulations 34 C.F.R. Part 300, Subpart E, Sections 300.560 through 300.575, which are adopted by reference pursuant to G.S. 150B-14©, unless the*

*rules in this Subchapter are more restrictive in which case the rules in this Subchapter shall be followed. NA*

*.0118-E Questions regarding interpretation of these Rules shall be directed to the Client Records Consultant in the Institution Management Support Section of the Division.*

Questions regarding interpretation of these rules will be directed to the Executive Director.

### ***.0119 DEFINITIONS***

1. Admission: the point in time when treatment/habilitation services begin after an individual has been determined to be in need of services offered by ACGH.
2. Area authority: New River Behavioral Healthcare (NRBH).
3. Governing body: ACGH Board of Directors.
4. Authentication: the entry of signature and position.
5. Client: an individual who is admitted to and receiving services from or who, in the past, has been admitted to or received services from ACGH.
6. Client record: A written account of all services provided a client from the time of admission until discharge.
7. Clinical staff member: an ACGH or NRBH professional who provides active treatment/habilitation to a client.
8. Confidential information: any information, whether recorded or not, relating to an individual served by ACGH that was received in connection with the performance of any function of ACGH. Confidential information does not include statistical information from reports and records or information regarding treatment or services which is shared for training, treatment, habilitation or monitoring purposes that does not identify clients either directly or by reference. It does include, but is not limited to, photographs, videotapes, audio tapes, client records, reimbursement records, verbal information relative to clients served and clinical staff member client files.
9. Countersignature: the addition of one's confirmatory signature to service record entries in order to:
  - Attest to the authenticity of entries signed by another; and/or
  - Indicate responsibility, if required by policy, for either direct or supervised actions by the person who countersigns entries in the record. ACGH policy is that as long as there is a current, signed supervision contact in place, there does not need to be a countersignature.
10. Court order: any order from a judge or judicial official which directs explicitly the release of client information.
11. Day/night service: a service provided on a regular basis in a structured environment that is offered to the same individual for a period of three or more hours within a 24-hour period.
12. Delegated employee: anyone designated by the ACGH Director of Executive Director to carry out the responsibilities established by these Policies and Procedures.
13. Developmental Disability: a severe, chronic disability of a person which:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;  
Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;  
Is likely to continue indefinitely;  
Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; or  
Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of a lifelong or extended duration and are individually planned and coordinated.
14. Discharge: the point at which a client's active involvement and inactive status with all area program services has ended and the service record is closed in accordance with area program and ACGH policy.
15. Documentation: provision of written, dated and authenticated evidence of the delivery of client services or compliance with statutes or Rules, e.g., entries in the client record, policies and procedures, minutes of meetings, memoranda, reports, schedules, notices and announcements.
16. DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised. DSM-IV is published by the American Psychiatric Association and reflects the current state of knowledge regarding a classification system for mental disorders.
17. Evaluation: an assessment of an individual who is a client of ACGH and which identifies the nature and extent of an individual's problem through a systematic appraisal of the needs and resources of the individual for the purposes of diagnosis and determination of the disability of the individual and the most appropriate plan, if any, for services.
18. Family/marital record: a clinical record for two or more people living in the same household. ACGH does not encourage the use of family/marital records.
19. Guardian: a person appointed as a guardian of the person or general guardian by the court. A guardian is sometimes referred to as the "legally responsible person".
20. Habilitation: training, care and specialized therapies undertaken to assist a client in maintaining his current level of functioning or in achieving progress in developmental skill areas.
21. ICD-9-CM: International Classification of Diseases, 9<sup>th</sup>. Revision, Clinical Modification. ICD-9-CM is an international classification of diseases based on World Health Organization's classification system.
22. Inactive status: the status, in accordance with area program policy and Division requirements, when there has not been a face-to-face contact with a client within twelve months.
23. Incident/unusual occurrence: any happening which is not consistent with routine operations or routine care of a client and that is likely to lead to adverse effects upon a client. "Incidents" may include, but are not limited to, accidents.
24. Client advocate: a person whose role is to monitor the protection of client rights or to act as an individual advocate on behalf of a client.

25. Judicial official: any clerk of court, magistrate, administrative hearing officer acting in a judiciary capacity or a judge of a state or federal court.
26. Legally responsible person: the guardian of an adult who has been adjudicated incompetent.
27. Legitimate role in the therapeutic services offered: next of kin or other family member who, in the judgment of the responsible professional and after considering the opinion of the client, currently provides, or within the past 12 months preceding the current admission, provided substantial time or resources in the care of the client.
28. Mental illness: an illness which so lessens the capacity of the individual to use self-control, judgment and discretion in the conduct of his/her affairs and social relations as to make it necessary or advisable for him/her to be under treatment, care, supervision, guidance or control.
29. Mental retardation: significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before age 22.
30. Next of kin: the individual designated in writing by the client or his legally responsible person upon the client's acceptance for services provided no such designation has been established. "Next of kin" means the client's spouse or blood relation.
31. Outcome: a desired change in a person's status or condition.
32. Parent: the biological or adoptive mother or father.
33. Periodic service: a service provided through short, recurring visits over time.
34. Person Standing in Loco Parentis: one who has put himself in the place of a lawful parent by assuming the rights and obligations of a parent without formal adoption.
35. Physician: an individual licensed to practice medicine in North Carolina.
36. Primary diagnosis: the most important or significant condition of a client at any time during the course of treatment/habilitation in terms of its implication for the client's health, care, and use of facility resources. The "primary diagnosis" may or may not be the principal diagnosis. The "primary diagnosis" may change over time within the same admission and a client may have more than one "primary diagnosis".
37. Principal diagnosis: that condition established after study to be chiefly responsible for occasioning the admission of a client to an area program for care. The "principal diagnosis" may or may not be the primary diagnosis and cannot be changed once established within the same admission. Think of the "principal diagnosis" as being the one the client presented as being the reason for making an appointment to be seen.
38. Provider of support services: a person that provides to a facility support services such as data procession services including human services.
39. Psychiatrist: an individual who is licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.
40. Qualified professional: any fully trained person with expertise in his/her discipline who can diagnose, evaluate, treat, habilitate, refer or discharge clients, who is capable of providing clinical supervision, training and consultative services to other clinical staff members and who is privileged by ACGH or NRBH to do so.
41. Record number control register: a permanent listing of numerically sequenced client record numbers which are assigned to new clients.
42. Rehabilitation: training, care and specialized therapies undertaken to assist a client to reacquire or maximize lost skills and/or functional abilities.

43. Release of information: the dissemination of confidential information with consent, meaning the client has signed an authorization.
44. Relevant: information that is necessary to treat or provide services to the presenting needs/problems of a client.
45. Screening: an assessment service that provides for an appraisal of an individual who is not a client in order to determine the nature of the individual's problem and his need for services.
46. Secondary records: indexes or other records maintained by an area program and by which an individual can be identified.
47. Service: an activity or interaction intended to benefit another with, or in behalf of an individual who is in need of assistance, care, habilitation, intervention, rehabilitation or treatment.
48. Service plan: a plan in which one or more privileged professionals, working with the client and in some cases family members, or other service providers, document which interventions will be provided and the outcomes, objectives and strategies that will be followed in providing services to the client.
49. Signature: signing by affixing one's own signature, or by making one's own mark, or impressing some other sign or symbol on the paper by which the signature may be identified. Initials are not adequate for identification purposes except when initials are identifiable by full signature on the same page.
50. Subpoena: a written order signed either by a judicial official or any attorney which commands an individual to appear as witness in a pending legal action.
51. Therapeutic leave: a short-term leave from a 24-hour facility while maintaining the availability of the client's bed for the client upon his/her return.
52. Treatment: the process of providing for the physical, emotional, psychological, and social needs of clients through services.
53. 24-hour service: a service which is provided to a client on a 24-hour continuous basis.
54. Unique Client Identifier Number: a code which is derived from a formula provided by the Division and assigned to each individual client.

***.0120 LIABILITY OF PERSONS WITH ACCESS TO INFORMATION***

*.0120-A Individuals employed in area and state facilities and employees governed by the State Personnel Act, G.S. Chapter 126, are subject to suspension, dismissal or disciplinary action for failure to comply with the rules in this Subchapter.*

ACGH shall take affirmative measures to keep client information confidential. Failure to comply with the provision of the confidentiality rules may constitute a misdemeanor and be punishable by fine or imprisonment. Any employee, regardless of status, will be subject to disciplinary action for failure to comply with all confidentiality rules.

Individuals other than employees of ACGH, such as employees of other organizations and volunteers, are subject to the same consequences for divulging confidential information and will be advised of such. Access to confidential information by individuals other than employees will be on a strict need to know basis.



If any staff member suspects that any individual of ACGH, regardless of status, has failed to comply with these rules, they should immediately inform the Director. The Director will inform the Executive Director who will immediately investigate the allegation. If the allegation proves true, disciplinary action will be instituted including suspension or dismissal. Unauthorized disclosure under state law is a misdemeanor and violators are subject to dismissal or disciplinary action. Violators of federal law are subject to criminal penalties. The fine for a first offense is \$500 and for a second offense \$5,000.

*.0120-B Individuals, other than employees but including students and volunteers, who are agents of the Department of Human Resources who have access to confidential information in an area or state facility who fail to comply with the rules in the Subchapter shall be denied access to confidential information by the facility.*

Any non-employee having access to confidential information and who fails to comply with the rules in this subchapter will be denied access to future confidential information.

***.0121 OWNERSHIP OF RECORDS***

*.0121-A All records, including those which contain confidential information which are generated in connection with the performance of any function of an area or state facility, are the property of the facility.*

All records generated in connection with the performance of any function of ACGH are the property of ACGH and may be removed from the premises only under a court order. For further guidance in this area, refer to the NRBH manual and call if further guidance is needed. Whenever client records are needed for treatment/habilitation or audit purposes within the area program, records may be securely (in a locked brief case in a locked trunk) transported if the records are maintained in the custody of the delegated employee.

*.0121-B Original client records may be removed from an area or state facility premises only under the following conditions:*

ACGH allows removal of original client records under the following conditions:

- 1. in accordance with a subpoena to produce document or object or other order of the court or when client records are needed for district court hearings held in accordance with Article 5 of Chapter 122C of the N.C. General Statutes;*
- 2. whenever client records are needed for treatment/habilitation or audit purposes, records may be transported within an area facility or between state facilities;*
- 3. in situations where the facility determines it is not feasible or practical to copy the client record or portions thereof, client records may be securely transported to a local health care provider, provided the record remains in the custody of a delegated employee;*
- 4. whenever a client expires at an area or state facility and an autopsy is to be conducted, the client record may be transported to the agency wherein the autopsy will be performed provided the agency complies with Rule .0124 of this Subchapter.*

*.0121-C Area facilities shall develop written policies and procedures regarding fees for the reproduction of client records.*

*.0121-D Except as otherwise provided in this Rule, state facilities shall charge uniform fees for the reproduction of client records which do not exceed the cost of reproduction, postage and handling. The uniform fee shall be five dollars (\$5.00) for up to three pages and fifteen cents (\$0.15) for each additional page. State facilities shall not charge for the reproduction of client records in the following types of situations:*

ACGH charges a fee of \$0.15 per page with a minimum charge of \$5.00 for up to three pages. Other health care provider agencies are normally not charged a fee.

***.0122 ALTERATIONS IN THE CLIENT RECORD***

*A client or a client's legally responsible person may contest the accuracy, completeness or relevancy of information in the client record and may request alteration of such information. Alterations shall be made as follows:*

- 1. whenever a clinical staff member concurs that such alteration is justified, the area or state facility shall identify the contested portion of the record and allow the insertion of the alteration as an addendum to the contested portion of the client record; however, the original portion of the written record may not be deleted; or*
- 2. whenever a clinical staff member does not concur that such alteration is justified, the area or state facility shall identify the contested portion of the record and allow a statement relative to the contested portion to be added to the client record which shall be recorded on a separate form and not on the original portion of the record which is being contested. Such statement shall be made a permanent part of the client's record and shall be released or disclosed along with the contested portion of the record.*

ACGH allows the client or legally responsible person to contest the accuracy, completeness or relevancy of information in the client record and may request alteration of such information. Alterations will be made by the insertion of the alteration as an addendum to the contested portion of the client record. The original portion of the written record will not be deleted or altered. The addendum will become a permanent part of the client's record and shall be released or disclosed along with the contested portion of the record.

***.0123 SECURITY OF CONFIDENTIAL INFORMATION***

*.0123-A Each area or state facility that maintains records with confidential information shall provide a secure place for the storage of records and shall develop written policies and procedures regarding controlled access to those records.*

All records with confidential information will be kept in a secure, locked area. Access to records shall be strictly controlled.

*.0123-B Each area or state facility shall ensure that only authorized employees or other individuals authorized by the facility director have access to the records.*

The following employees are authorized access to client records:

- Executive Director
- Program Director
- QDDP
- Teaching Manager
- NRBH Client Case Manager

Access of others is on a strict need to know basis and requires the approval of the Program Director.

The client record will remain in the records room unless released into the custody of one of the above people.

*.0123-C Each area or state facility shall ensure that a clinical staff member is present in order to explain and protect the record when a client or a client's legally responsible person comes to the facility to review the client record. A delegated employee shall document such review in the client's record.*

Access to a client record by the client or the client's legally responsible person shall be strictly controlled and a clinical staff member will be present in order to protect and explain the record. Client's have the right to see their record and access shall only be denied if the team feels that the information provided could cause harm or would not be in the client's best interest. The Program Director, the QDDP and the Executive Director will meet to determine whether access will be granted or denied. The client or legally responsible person must request access in writing and give a reason for the request. The clinical staff member will document the review in the client record.

If the request is denied for any reason, that reason must be documented in the record and reported to the client. As an alternative, the client may request that the information be sent to a physician or psychologist of the client's choice.

*.0123-D Each area or state facility that maintains confidential information in an automated data processing system.....NA*

***.0124 ASSURANCE OF CONFIDENTIALITY***

*.0124-A The area or state facility director shall make known to all employees, students, volunteers and all other individuals with access to confidential information the provisions of the rules in this Subchapter and G.S. 122C-52 through 122C-56. The facility shall develop written policies and procedures in accordance with the rules of this Subchapter and applicable statutes and provide training to all individuals with access to confidential information.*

ACGH provides initial and annual recurring training to all individuals with access to confidential information. In addition, after any changes in Rules, regulations or standards,

employees will receive updated training. Training is mandatory and will be documented on the “Assurance of Confidentiality Form” and placed in the employee’s personnel record.

*.0124-B Such individual shall indicate an understanding of the requirements governing confidentiality by signing a statement of understanding and compliance. Employees shall sign such statement upon employment and, again, whenever revisions are made in the requirements. Such statement shall contain the following information:*

At the completion of training, each employee will sign the “Assurance of Confidentiality Form”. The form contains the following information and is located at Attachment -1.

1. *date and signature of the individual and his title;*
2. *name of area or state facility;*
3. *statement of understanding;*
4. *agreement to hold information confidential; and*
5. *acknowledgement of civil penalties and disciplinary action for improper release or disclosure.*

***.0125 REVIEW OF DECISIONS***

*Clients, clients’ legally responsible persons or employees may request a review of any decisions made under the rules in this Subchapter by the area or state facility director, or, if elsewhere within the Division, by the Division director.*

Client’s or their legally responsible person, may request a review of any decision made under the rules of Subchapter 18D. The request must be in writing and should be addressed to the person higher in authority than the one making the disputed decision. It may go to the Program Director, The Executive Director, the Board of Directors or to the Area Director. However it is expected that the Board of Directors would discuss the issue with the Executive Director and a resolution would be reached at that level.

***.0126 INFORMATION RECEIVED FROM OTHER AGENCIES/INDIVIDUALS***

*Whenever an area or state facility receives confidential information from another facility, agency or individual, then such information shall be treated as any other confidential information generated by the area or state facility. Release or disclosure of such information shall be governed by the rules of the Subchapter.*

Employees of ACGH must treat information received from other agencies or individuals with the same degree of confidentiality they treat information generated by ACGH. Release or disclosure of such information shall be governed by the rules of this Subchapter.

***.0127 INFORMATION PROVIDED TO FAMILY/OTHERS***

*Information shall be provided to the next of kin or other family member, who has legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person in accordance with G.S. 122C-55(j) through (l).*

Information shall be provided to the next of kin or other family member who has a legitimate role in the therapeutic services offered or other person designated by the client or his legally responsible person. This is provided that the client, or his legally responsible person, has consented in writing, or the client has consented orally in the presence of a witness selected by the client prior to the release of information.

The client's or legally responsible person's consent and the release of this information shall be documented in the client's service record by the employee releasing the information. This consent shall be valid for a specified length of time only and is subject to revocation by the consenting individual.

***.0200 RELEASE OF CONFIDENTIAL INFORMATION WITH CONSENT***

***.0207 CONSENT FOR RELEASE***

*Area or state facility employees may not release any confidential information until a Consent for Release form as described in Rules .0208 and .0209 of this Section has been obtained. Disclosure without authorization shall be in accordance with G.S. 122C-52 through 122C-56 and Section .0300 of this Subchapter.*

ACGH will not release any confidential information until a "Consent for Release" form at Attachment - 2 has been obtained. The form will contain all information listed in .0208A below.

***.0208 CONSENT FOR RELEASE***

*.0208-A When consent for release of information is obtained by an area or state facility covered by the rules in this Subchapter, a Consent for Release form containing the information set out in this Paragraph shall be utilized. The consent form shall contain the following information;*

- 1. client's name;*
- 2. name of facility releasing the information;*
- 3. name of individual or individuals, agency or agencies to whom information is being released;*
- 4. information to be released;*
- 5. purpose for the release;*
- 6. length of time consent is valid;*
- 7. a statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent;*
- 8. signature of the client or the client's legally responsible person,*
- 9. date consent is signed*

*.0208-B Unless revoked sooner by the client or the client's legally responsible person, a consent for release of information shall be valid for a period not to exceed one year except under the following conditions:*

A consent for release shall be valid for one year except under the following conditions:

- 1. a consent to continue established financial benefits shall be considered valid until cessation of benefits; or*

2. *a consent for release of information to the Division, Division of Motor Vehicles, the Court and the Department of Correction for information needed in order to reinstate a client's driving privilege shall be considered valid until reinstatement of the client's driving privilege.*

*.0208-C A consent for release of information received from an individual or agency not covered by the rules in this Subchapter does not have to be on the form utilized by area or state facilities; however, the receiving area or state facility shall determine that the content of the consent form substantially conforms to the requirements set forth in this Rule.*

ACGH will use the “Consent for Release” form at Attachment - 2 which is identical in content to that used by NRBH.

*.0208-D A clear and legible photocopy of a consent for release of information shall be considered to be as valid as the original.*

ACGH will accomplish and use an original form, however, a clear and legible photocopy shall be considered valid.

*.0208-E Confidential information relative to a client with HIV infection, AIDS or AIDS related conditions shall only be released in accordance with G.S. 130A-143. Whenever authorization is required for the release of this information, the consent shall specify that the information to be released includes information relative to HIV infection, AIDS or AIDS related conditions.*

If the information to be released includes information relative to HIV infection, AIDS or AIDS related conditions, indicated such in the “other information” block of the “Consent for Release” form.

#### ***.0209 PERSONS WHO MAY SIGN CONSENT FOR RELEASE***

*The following persons may sign a consent form release of confidential information:*

1. *a competent adult client;*
2. *the client's legally responsible person;*
3. *a minor client under the following conditions:*
  - A. *pursuant to G.S. 90-21.5 when seeking services for venereal disease and other diseases reportable under G.S. 130A-135, pregnancy, abuse of controlled substances or alcohol, or emotional disturbances;*
  - B. *when married or divorced*
  - C. *when emancipated by a decree issued by a court of competent jurisdiction;*
  - D. *when a member of the armed forces; or*
4. *personal representative of a deceased client if the estate is being settled or next of kin of a deceased client if the estate is not being settled.*

The following persons may sign a consent for release of confidential information:

1. A competent adult client.

2. An adult client who has been adjudicated incompetent, when consenting for release of information to an attorney.
3. The client's legally responsible person.
4. A minor client (under age 18) under the following conditions:
  - a. When seeking outpatient services for venereal disease and other diseases reportable under G.S. 130A-134, pregnancy, abuse of controlled substances or alcohol or emotional disturbances under G.S. 90-21.5; (however, this statute does not authorize the induction of an abortion, performance of a sterilization operation or commitment to a mental institution for confinement or treatment of a mental condition).
  - b. When seeking inpatient services, it would fall under the emergency services statute and the parent, guardian or legally responsible person would need to be notified within 24 hours.
  - c. When married or divorced.
  - d. When emancipated by a decree issued by a court of competent jurisdiction.
  - e. When a member of the armed forces.
  - f. When consenting for release of information to an attorney.
5. A personal representative of a deceased client if the estate is being settled or next of kin of a deceased client if the estate is not being settled.

***.0210 VERIFICATION OF AUTHORIZATION IN CASES OF DOUBT***

*Whenever the validity of an authorization is in question, an area or state facility employee shall contact the client or the client's legally responsible person to confirm that the consent is valid. Such determination of validity of the consent shall be documented in the client record.*

Whenever the validity of an authorization is in question due to improper signature, unreadable signature, old date or other reason, a ACGH employee shall contact the client or the client's legally responsible person, either by telephone or in writing, to confirm that the consent is valid. Such determination of validity of the consent shall be documented in the service record by the employee doing the research.

***.0211 INFORMED CONSENT***

*Prior to obtaining a consent for release of confidential information, a delegated employee shall inform the client or his legally responsible person that the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily.*

Prior to obtaining a consent for release of confidential information, a delegated employee shall inform the client, or his legally responsible person, that the provision of services is not contingent upon the client signing such a consent for release of confidential information. The delegated employee shall inform the client or his legally responsible person of the need for such a release and the contents of the release. The client or legally responsible person shall give consent voluntarily.

The employee will assure the consumer, or his/her legally responsible person, that ACGH is required by both State and Federal law to keep information about the consumer confidential unless the consumer gives permission otherwise or unless there is an emergency situation such as the consumer threatening the safety of him/her self or others.

The client will never be coerced into participation in public performances against his/her wishes, photographed, audio or video taped or observed in session without giving prior informed consent. The consumer will never be required or encouraged to make public statements which express gratitude to ACGH or its employees.

***.0212 PERSONS DESIGNATED TO RELEASE CONFIDENTIAL INFORMATION***

*The area or state facility director shall be responsible for the release of confidential information but may delegate the authority for release to other persons under his supervision. The delegation shall be in writing.*

The Executive Director shall be responsible for the release of confidential information. However, this responsibility may be delegated in writing to the Program Director on a case by case basis.

***.0213 DOCUMENTATION OF RELEASE***

ACGH will ensure that:

*Whenever confidential information is released with consent, a delegated employee shall ensure that documentation of the release is placed in the client record. Such documentation shall include the consent form, the date the information was released and signature of the delegated employee releasing the information.*

***.0214 PROHIBITION AGAINST REDISCLOSURE***

*.0214-A Area or state facilities releasing confidential information shall inform the recipient that re-disclosure of such information is prohibited without client consent.*

*.0214-B A stamp may be used to fulfill this requirement.*

ACGH, when releasing confidential information, shall inform the recipient that re-disclosure of such information is prohibited without client consent. Therefore, all information released must bear the “Sensitive Information” stamp prohibiting re-disclosure. The stamp reads as follows:

**SENSITIVE INFORMATION**

When requested by client, must be shown and/or interpreted by a competent clinician. Re-disclosure without client consent is prohibited by law.

It is illegal to re-disclose confidential client information without the client’s written consent.



**.0215 RELEASE TO HUMAN RIGHTS COMMITTEE MEMBERS**

*.0125-A Human Rights Committee members may have access to confidential information only upon written consent of the client or the client's legally responsible person.*

*.0125-B A delegated employee shall release confidential information upon written consent to Human Rights Committee members only when such members are engaged in fulfilling their function as set forth in 10 NCAC 14G .0207, and when involved in or being consulted in connection with the training or treatment of the client.*

Human Rights Committee members shall have access to the records of a client upon written consent of the individual client involved or upon written consent of the individual's guardian or person standing in loco parentis.

Release of confidential information upon written consent to Human Rights Committee members shall only be done when such members are engaged in fulfilling their function and who are involved in the training or treatment of the client.

The regular procedures involving consent for release of information and documentation will be followed.

**.0216 RELEASE TO AREA BOARD MEMBERS**

*Area board members may have access to confidential information only upon written consent of the client or the client's legally responsible person or pursuant to other exceptions to confidentiality as specified in G.S. 122C-53 through 122C-55. Area board members may have access to non-identifying client information.*

ACGH Board Members may have access to confidential information only upon written consent of the client or the client's legally responsible person.

ACGH Board Members may have access to non-identifying client information such as incident and accident reports, admission and discharge data or other statistics.

**.0217 RELEASE OF INFORMATION BY INTERNAL CLIENT ADVOCATES**

*Upon request by the Secretary, internal client advocates may disclose to the Secretary or his designee confidential information obtained while fulfilling monitoring and advocacy functions.*

Upon request by the Secretary, internal client advocates may disclose to the Secretary or his designee confidential information obtained while fulfilling monitoring and advocacy functions.

**.0300 DISCLOSURE OF CONFIDENTIAL INFORMATION WITHOUT CONSENT**

**.0322 NOTICE TO CLIENT**

*.0322-A Each area or state facility that maintains confidential information shall give written notice to the client or the legally responsible person at the time of admission that disclosure may be made of pertinent information without his expressed consent in*

*accordance with G.S. 122C-52 through 122C-56. This notice shall be explained to the client or legally responsible person as soon as possible.*

*.0322-B(b) The giving of notice to the client or legally responsible person shall be documented in the client record.*

Written notice is given to each client or legally responsible person at time of admission that disclosure of pertinent information without his/her expressed consent in accordance with G.S. 122C-52 through 122C-56. This written notice is in the ADVP Handbook on page 45 and in the Samuel C. Evans, Jr. Group Home Admissions Manual on page 59, item 6. Documentation will be included in the client record.

***.0323 PERSONS DESIGNATED TO DISCLOSE CONFIDENTIAL INFORMATION***

*The area or state facility director shall be responsible for the disclosure of confidential information but may delegate the authority for disclosure to other persons under his supervision. Such delegation shall be in writing.*

The Executive Director shall be responsible for the release of confidential information. However, this responsibility may be delegated in writing to the Program Director on a case by case basis.

***.0324 DOCUMENTAION OF DISCLOSURE***

*.0324-A With the exception of disclosure of confidential information pursuant to G.S. 122C-54(b), (c), 122C-55(h), or 122C-55, a delegated employee shall ensure that documentation of the disclosure is recorded in the client record containing the following:*

- 1. name of recipient;*
- 2. extent of information disclosed;*
- 3. specific reasons for disclosure;*
- 4. date; and*
- 5. full and legible signature of the individual who disclosed the information and his title.*

*.0324-B Whenever an area or state facility makes repeated disclosures to a provider of support services concerning the same client, the disclosing facility may document such disclosures one time in the client record.*

*.0324-C Whenever confidential information is disclosed in accordance with G.S. 122C-55(e), the reason written consent could not be obtained shall be documented in the client's record.*

Whenever client information is disclosed without authorization, documentation of this disclosure shall be placed in the client record by the employee who discloses the information, with the exception of disclosure of confidential information pursuant to G.S. 122C-54(b), (c), 122C-55(h) or 122C-56. (A copy of these statutes is in the Procedures Manual.) The following information shall be included in the documentation:

1. name of recipient;
2. extent of information disclosed;
3. specific reasons for disclosure;
4. date; and

5. full and legible signature of the individual who disclosed the information and his title.

Use the “Accounting of Disclosure” form is at Attachment - 3.

When ACGH makes repeated disclosures to a provider of support services concerning the same client, document such disclosures one time in the client’s service record.

Whenever confidential information is disclosed to a physician or other health care provider who is providing emergency medical services to a client, the reason written consent could not be obtained shall be documented in the client’s service record.

Disclosure of the information is limited to that necessary to meet the emergency as determined by the responsible professional. (G.S. 122C-55{e}).

***.0325 PROHIBITION AGAINST REDISCLOSURE***

*.0325-A Agencies disclosing confidential information pursuant to G.S. 122C-52 through 122C-56 shall inform the recipient that disclosure of such information is prohibited without client consent.*

*.0325-B A stamp may be used to fulfill this requirement.*

ACGH, when releasing confidential information, shall inform the recipient that re-disclosure of such information is prohibited without client consent. Therefore, all information released must bear the “Sensitive Information” stamp prohibiting re-disclosure. The stamp reads as follows:

**SENSITIVE INFORMATION**

When requested by client, must be shown and/or interpreted by a competent clinician. Re-disclosure without client consent is prohibited by law.

***.0400 DISCLOSURE OF CONFIDENTIAL INFORMATION FOR RESEARCH AND EVALUATION - NA***

**ATTACHMENT 1**

ALLEGHANY COUNTY GROUP HOMES, Inc.  
NEW RIVER COTTAGE, Inc.

**ASSURANCE OF CONFIDENTIALITY**

Employee name: \_\_\_\_\_; Title: \_\_\_\_\_

I have read and understand the Confidentiality regulations as developed by ACGH and presented in the “Confidentiality and Procedures Manual” including the provisions of the Rules in Subchapter 18D and G.S. 122C-52 through G.S. 122C-56 to insure the privileged and confidential nature of client information.

I further understand the liability of persons with access to client information and acknowledge that civil penalties and disciplinary action for improper release or disclosure of confidential information is to be expected.

I agree to protect and preserve the confidential information to which I may have access.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ATTACHMENT 2**

**ALLEGHANY COUNTY GROUP HOMES, Inc.  
CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby authorize  
Alleghany County Group Homes, Inc.; P.O. Box 488; Sparta, NC 28675

to release information in my client record, specified below, to: \_\_\_\_\_

\_\_\_\_\_  
(Name and address of facility or person to whom disclosure is to be made)

This information shall include: \_\_\_\_\_

\_\_\_\_\_  
(Nature and extent of information to be disclosed)

I understand this information will be used for: \_\_\_\_\_

\_\_\_\_\_  
(Purpose or need for the disclosure)

Other information: To include any alcohol and/or substance abuse information, if applicable.  
\_\_\_\_\_

The doctrine of informed consent has been explained to me, and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and this authorization shall expire without my express revocation \_\_\_\_\_ days (not to exceed one year), from the date written below. I further acknowledge that I may revoke this consent at any time except to the extent that action based on the consent has been taken.

Signed: \_\_\_\_\_ and/or \_\_\_\_\_  
Client Legally Responsible Person

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

Witness: (optional) \_\_\_\_\_ Date signed: \_\_\_\_\_

**Alleghany County Group Homes, Inc.**  
**ACCOUNTING OF DISCLOSURE**

CLIENT NAME: \_\_\_\_\_

CLIENT NUMBER: \_\_\_\_\_

**ATTACHMENT - 3**

- a. Date
- b. Name of Recipient
- c. Extent of information disclosed
- d. Specific reasons for disclosure
- e. Complete, legible authentication

Date	Recipient	Extent	Reasons	Authentication