

Confidentiality Quiz
Coastal Horizons Center, Inc.

Score: _____

1. What is the "General Rule" of Confidentiality? (10 points)

2. List the nine (9) "exceptions" to the general rule of confidentiality: (18 points)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

3. List the nine (9) characteristics, or requirements, that make for a proper consent form: (18 points)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

4. What must accompany client information that is being released? (3 points)

True or False and 1 multiple choice (3 points each)

5. _____ The regulations require programs to have original consent forms in their possession in order to make a disclosure.
6. _____ The regulations prohibit program staff from leaving patient identifying information on voice mail messages.
7. _____ A probation officer may invoke the special Criminal Justice System clause in the regulations to use information obtained from Coastal Horizons Center previous disclosure when assisting the police with apprehending a client who has just committed another crime.
8. _____ The key concerns when faxing client identifying information is to direct the fax to a specific person or program listed on the consent form and to stamp the documents with the notice that the information is protected by federal regulations and redisclosure is prohibited.
9. _____ The regulations do permit a program to disclose patient identifying information to qualified researchers without patient consent.

10. _____ In order to protect itself against uncollectible fees, Coastal Horizons could ask clients to sign a consent form permitting it to make patient identifying disclosures to its lawyers or collection agency and permitting the lawyer or collection agency to redisclose the information to a court in order to pursue the case.
11. _____ The federal regulations have recently included reporting abuse / neglect of the elderly within the same category that permits programs to make reports of child abuse without a consent.
12. _____ If a managed care provider wishes to see a client's record for the purpose of preauthorizing or paying treatment, it may not do so without obtaining the client's consent.
13. _____ If an impaired client insists on driving home, the regulations permit staff to identify themselves as employees of Coastal Horizons Center and make *very* limited patient identifying disclosure to law enforcement using the "medical emergency" exception.
14. _____ Programs are permitted to require clients to carry identification cards while they are on the premises of the program.
15. _____ According to N.C. Division Standards, a consent shall be valid for a period not to exceed one year except: a) to continue established financial benefits or b) when the release is to the Division of MH/D.D./SAS, Division of Motor Vehicles, the Court and the Department of Correction for information needed in order to reinstate a client's driving privilege.
16. _____ The developing trend in the law to require therapists to take "reasonable steps" to protect an intended victim when they learn that a patient presents a "serious danger of violence to another" started in North Carolina with a case called *Tarasoff v. Regents of Duke University*.
17. _____ When a minor has applied for services but refuses to consent to parental notification, the program may contact the parents without the minor's consent only if the program director believes that the minor, because of extreme youth or medical condition, does not have the capacity to decide rationally whether to consent to parental notification.
18. _____ The regulations require programs to notify clients of the existence of the federal confidentiality law and to give them a written summary of the confidentiality provisions.
19. _____ Programs are prohibited from employing or enrolling as patients any undercover agents or informants, unless a court has issued an authorizing order.
20. _____ If a person referred by the criminal justice system never applies for, ie., makes an appointment, or receives services from the program, that fact may be communicated to a criminal justice agency without patient consent.
21. _____ The Federal Regulation passed in 1996 pertaining to patient rights and confidentiality that all health care providers must implement by April 14, 2003 is known as...
 1. HIPA.....Health Insurance Privacy Act
 2. HIPPA...Health Insurance Patient Privacy Act
 3. HIPAA...Health Insurance Portability and Accountability Act

CONFIDENTIALITY

42 C.F.R. Part 2 (Drug & Alcohol Patient Information)

45 C.F.R. Parts 160 & 164 (Health Insurance Portability and Accountability Act of 1996)

N.C.G.S. 122C-51 thru 122C-56 (N.C Division of MH/DD/SAS)

The General Rule

Except under certain specific conditions 42 C.F.R. Part 2 and HIPAA prohibit the use and disclosure of records or other patient related information. (The prohibition on unauthorized disclosure applies whether or not the person seeking the information already has the information, has other means of obtaining it, enjoys official status, has obtained a subpoena or warrant, or is authorized by state law.)

- 1) Has the patient executed a proper consent (authorization) form for the proposed communication? (Written consent)
- 2) Is the proposed communication to be made to other staff of the program or to an entity with direct administrative control over the program? (Internal communications)
- 3) Can the proposed communication be made without revealing that the person the disclosure concerns is or was a patient? (No patient identifying information)
- 4) Is the proposed communication needed to respond to a medical emergency? (Requires immediate medical attention)
- 5) Is the proposed communication authorized by a valid court order? (Program notified in advance and court shows good cause)
- 6) Does the proposed communication concern a crime or a threatened crime on the premises of the program or against program personnel? (Report to Law Enforcement and only the minimum necessary)
- 7) Is the proposed communication for research purposes?
- 8) Is the proposed communication for the purpose of an audit or evaluation of a program's activities?
- 9) Does the proposed communication involve the reporting of child abuse?
- 10) Will the proposed communication be made pursuant to an agreement with a business associate or qualified service organization?

If the answer to all of the above questions is "No", then the proposed communication cannot be made.

If the answer to one or more of the questions is "Yes", the situation may permit a disclosure if certain conditions are met and certain procedures followed.

Proper Format For Consent / Authorization To Release Information

1. The name or general designation of the program(s) making the disclosure;
2. The name of the individual or organization that will receive the disclosure;
3. The name of the patient who is the subject of the disclosure;
4. The purpose or need for the disclosure;
5. A description of how much and what kind of information will be disclosed;
6. The patient's right to revoke the consent in writing, and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice;
7. The program's ability to condition treatment, payment, enrollment or eligibility of benefits on the patient agreeing to sign the consent, by stating either that the program may not condition these services on the patient signing the consent, or the consequences for the patient refusing to sign the consent;
8. The date, event or condition upon which the consent expires if not previously revoked;
9. The signature of the patient (and/or other authorized person); and
10. The date on which the consent is signed.

Written Notice Of Prohibition On Redisclosure Of Confidential Information

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Example of a response to a request not permitted by the regulations: "Federal law prohibits me from disclosing that information. If you like, I will let you speak with a supervisor about your request".

Coastal Horizons Center, Inc.
615 Shipyard Boulevard
Wilmington, NC 28412

**Authorization For
Use And Disclosure Of
Protected Health Information**

Phone: (910) 343-0145
FAX: (910) 341-5779

I, _____, authorize _____
(Name of Individual) (Agency or person authorized to use or disclose information)

to disclose to _____
(Agency or person to whom the requested use or disclosure will be made)

the following protected information: _____

(Nature and extent of protected information to be disclosed, as limited as possible)

for the purpose of _____

(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164 and state confidentiality law governing substance abuse services (G.S. 122C) cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand that the information to be released may include information regarding alcohol abuse, drug abuse, HIV infection, AIDS or AIDS related conditions, psychological, psychiatric or physical impairments.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it [refer to agency Privacy Notice], and that in any event this consent expires automatically as follows:

This consent shall expire: _____
(Not to exceed one year from date executed)

Executed this _____ day of _____ Year
Day Month Year

I understand that generally, Coastal Horizons Center, Inc. may not condition my treatment on whether I sign an authorization form, but that in certain limited circumstances I may be denied treatment if I do not sign an authorization form. I certify that this authorization is made freely, voluntarily and without coercion.

Signature of Client

Signature of Legal Guardian (when required)

D.O.B. ____/____/____

SSN: XXX-XX-____

CLIENT:

1. Client to read, initial each section, and sign and date form.
2. Parent to initial each section and sign if client is minor.

RECORD NUMBER:

3. CHC Staff will answer questions.

As a client of Coastal Horizons Center, Inc., or as the guardian of such a client, you are assured of certain rights. Among these rights is the right:

1. To dignity, respect, humane care, and freedom from mental, emotional, sexual and physical abuse, neglect and exploitation. You also have the right to receive treatment that is culturally sensitive to you, including sensitivity to social, psychological, physical, and spiritual factors.
2. To treatment, including access to medical care and habilitation, regardless of age, sex, religion, national origin, degree of mental illness, mental retardation, substance abuse, and to:
 - a. Participate in the development of your individualized written service plan developed within 30 days from admission.
 - b. Receive information on potential risks and possible benefits of treatment choices, to refuse any treatment offered, and to terminate treatment - unless you have been court-ordered to attend.
 - c. Not be excessively or unnecessarily medicated, and to have medication ordered and prescribed only by a physician with documentation of such prescriptions in your client record and in accordance with accepted medical standards.
 - d. Confidentiality as explained in the client handbook and in compliance with state and federal laws.
 - e. Not be physically restrained or subjected to search and seizure by any Coastal Horizons Center employee.
3. To live as normally as possible while receiving care and treatment/habilitation.
4. To refuse to be finger printed, audio-taped, video-tape or photographed unless you or your guardian gives consent.
5. To never have corporal punishment at a Coastal Horizons Center facility.
6. To pursue any grievances using the Client Grievance Procedure posted on the public bulletin board and in the OTS Client Handbook, or to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD) at 1-800-821-6922.
7. To consult with legal counsel or private physicians of your own choice at your own expense.
8. To protected privacy of your health information as stated in the Agency Privacy Notice.
9. To timely access to information pertaining to you, including your medical record, to assist you in decision-making.

I have been informed of these rights.

_____(Client/Parent initials)

A. REQUEST FOR TREATMENT

I do hereby request outpatient treatment for either a substance use and/or mental health disorder from Coastal Horizons Center, Inc. and voluntarily give consent for treatment according to my individualized treatment/case management plan. [GS 122C-57] I understand that I (or those others that I have designated in writing by completing an Authorization For Use and Disclosure of Protected Health Information form) may be contacted by staff on a follow-up basis after I have discontinued my involvement with this agency.

_____(Client/Parent initials)

B. EMERGENCY MEDICAL CARE

In the event that I might need emergency medical care while attending Coastal Horizons Center, I give permission for the qualified agency staff to 1) administer emergency care to me & 2) contact 911 for additional medical care. A separate written Authorization for Use and Disclosure of Protected Health Information must be completed to notify family, friends, significant other(s) or primary physician.

_____(Client/Parent initials)

C. PROGRAM AUTHORITY / UNDERCOVER AGENTS & INFORMANTS

Coastal Horizons Center, Inc. may not knowingly employ, or enroll as a client, any undercover agent or informant. [42 CFR Part 2, 2.17 a] Therefore; Coastal Horizons Center, Inc. will deny admission or terminate treatment services for any individual known to be an undercover agent or informant.

I have been informed of this notice:

_____(Client/Parent initials)

D. I have received a copy of the OTS Client Handout, and now understand and agree to abide by the rules & regulations of the program including all of the above.

Signature of Client/Date

Signature of CHC Staff/Date

Signature of Parent/Guardian/Date (Optional)