

# Confidentiality Guidelines and Forms

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Confidentiality is the guarantee that information will be kept private and not shared with other parties. In domestic violence services, confidentiality is critical to maintaining the safety of survivors and their families. The disclosure of written or other information regarding survivors in the program to family, friends, law enforcement, other organizations or individuals is therefore prohibited. This applies to information regarding those who are currently receiving program services as well as those who have received services in the past.

Confidential communications include any communications between a survivor and an advocate, including all records kept in the course of providing services. Violation of confidentiality by any staff or volunteer advocates who have completed the 40-hour training is a crime; advocates may be charged with a Class A misdemeanor if they disclose any confidential communications without a written Release from the survivor.

The survivor has the legal right to disclose or not disclose information, and may sign a Waiver and Consent for Release of Information form if they would like their information to be shared with others outside of the program. Advocates must fully inform survivors about what type of information will and will not be shared when they sign a Release, and the advantages and disadvantages of sharing information.

## **Our House Policy includes information:**

- Releasing information only with the written consent of the survivor, with the two exceptions of mandated reporting of child or elder abuse or neglect, or the harm of self or others (see Release of Information Requirements below)
- Access to records by others, including funding sources, must sign a confidentiality statement;
- Definitions of confidential communications, observations, and information must be explained;
- Security, retention and destruction of all records, including electronic;
- Protecting survivors from program visitors who may disclose their identity;
- Maintaining the confidentiality of deceased survivors;
- Survivors in the program accessing and reviewing their own files;
- Protecting the confidentiality of minors;
- Responding to court orders, subpoenas and warrants.

Our House staff must inform survivors verbally and in writing of their rights and limits of confidentiality.

Our House's Administration must inform staff, volunteers, visitors, and Board members verbally and in writing of their responsibility and obtain their written agreement to maintain confidentiality.

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Staff and volunteers are informed that breaching confidentiality is a crime and will cause immediate termination of services.

A signed agreement must be kept in each personnel, volunteer or individual file.

All staff are informed that confidentiality continues after employment or program involvement.

Our House provides a private space for service delivery to maintain confidentiality between survivor and counselor.

## Release of Information

- Our House staff must obtain an informed and voluntary consent from the survivor for the disclosure of any information, including the receipt of services.
- This Waiver and Consent for Release of Information form must be obtained before advocates can give any information to outside parties, with only two exceptions:
  - For mandated reporting in accordance with the Abused and Neglected Child Reporting Act or Elder Abuse Act, or
  - In cases where the failure to disclose is likely to result in an imminent risk of serious bodily harm or death to the survivor or another person
- All consent forms shall be in writing and shall include the following:
  - The name of the person, agency, or organization to whom disclosure will be made(only one person, agency or organization per consent);
  - The specific information to be disclosed;
  - The purpose of the disclosure;
  - A dated signature of the survivor or guardian entitled to give consent, witnessed by a person such as the advocate who can attest to the identity of the person so entitled;
  - A dated signature of the advocate;
  - An expiration date of the consent; and
  - An indication that the consent is revocable at the written request of the person giving consent and that the survivor has been informed of this right.
- A copy of the consent form must be maintained in the survivor's records.
- Our House's staff are mindful of and address the specific issues pertinent to non-readers and those for whom English is not their primary language.
- Our House's staff must receive approval from the survivor prior to accepting a third-party consent to release information.
- Our House's staff do not use "blanket release forms" or require a survivor to sign a blank Release of Information.
- Our House's staff do not re-disclose (continue to share information with the party indicated on the Waiver and Consent for Release of Information) unless the person who consented to the disclosure specifically consents to such disclosure

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## Minimum Requirements in Documentation of Confidentiality forms

- All survivor files must contain a signed Waiver and Consent for Release of Information form for each disclosure of information.
- A sample Waiver and Consent for Release of Information form is included in this document.
- Survivors must also have a signed confidentiality agreement form indicating that they understand their rights and limitations of confidentiality. All records are kept for a minimum of six years, or longer if deemed necessary.
- All staff, volunteer and Board member files must also contain a confidentiality agreement indicating their understanding of the confidentiality policy and their responsibilities.
- A file of visitors' signed agreements must also be maintained.

### *Training*

It is important that all staff and volunteer advocates understand the importance of confidentiality, and have a thorough understanding of all related program policy and procedures. Our House conduct specific training on confidentiality rather than simply implying them or assuming they are understood through broader program policies.

### **Examples of specific confidentiality procedures:**

- Advocates cannot bring home files.
- Advocates must not use names or any identifying information when discussing survivors or their children to anyone outside the program. This is especially important in small towns or communities. For example, stating that a survivor in the program has five children may make it easy for others to identify who they are.
- When out in public, advocates shall not acknowledge survivors who are or were in the program, unless the survivor initiates contact.

### ***Confidentiality and Documentation rules:***

Confidentiality is closely linked with issues of documentation. To protect confidentiality in record keeping, it is important not to refer to survivor names or ID numbers in other survivors' files, with the exception of children's files, which may be referenced in the parent's file. The child's file may also reference the parent's name.

Group counseling files that reference multiple group members by name or ID number must be kept in a separate group log book, and may not be placed in individual survivor or child files.

It is important to limit documentation to factual content and not to enter information that could be used against a survivor. This is particularly important when working with survivors who have been mandated for services by DCFS or the courts, since their information is most likely to be requested.

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## ***Breach of Confidentiality***

It is critical that advocates be trained on when it is necessary to breach confidentiality and how to proceed in such circumstances. Included in this documentation are outline procedures for breaching confidentiality in cases of suspected child or elder abuse or neglect. Reports must be made in situations when the advocate is concerned that a lack of action will compromise the safety of children or elders. Supervisory or peer consultation is encouraged for guidance, but advocates must then make their own decision.

Other than the mandated reporting of child or elder abuse or neglect, confidentiality may only be breached when the failure to share information may create a safety risk to the survivor or others. *An example of this might be if a perpetrator appears at a program threatening to kill a survivor and the survivor's parents, and disappears again; but the survivor has already left the program and is out of contact.* This may be a case of when to breach confidentiality to alert the survivor's family and the police. Our House carefully assess each situation in order to determine the safest way to breach confidentiality, and if breaching confidentiality is necessary.

## **Confidentiality Agreement for Advocates**

Our House's signed confidentiality agreement is required for all advocates. Our Domestic Violence policy and/or confidentiality form include the following statements and elements:

- Staff and Volunteers are required by Our House, Inc.'s DV policy to maintain each survivor's confidentiality; failure to do so can cause immediate termination.
- Information can be released without survivor consent only under one of the following three circumstances:
  - When the survivor has given prior specific written consent through a Waiver and Consent for Release of Information form
  - When it is required by the Abused and Neglected Child Reporting Act (ANCRA) or Elder Abuse Act, or
  - In cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.
- Advocates must maintain confidentiality even after their employment/affiliation ends.
- Definitions of confidential communications, observations, and information.
- How the program addresses illegal breaches of confidentiality, including sanctions.
- Possible repercussions of not abiding by the program's confidentiality expectations; for example, jeopardizing the safety of survivors and advocates.
- A statement that the staff/volunteer has read and understands all of the program's confidentiality policies and procedures.
- A signature/date line for staff/volunteers.
- A copy of the signed form is included in staff/volunteer files

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## Confidentiality Agreement for Survivors

Our confidentiality agreement for survivors include the following statements and elements:

- Staff and Volunteers are required by Our House, Inc.'s Domestic Violence Policy to maintain each survivor's confidentiality.
- Information can be released only if written consent is given; or as required by the Abused and Neglected Child Reporting Act or Elder Abuse Act; or in cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.
- Confidentiality expectations of survivors, such as keeping the location of the shelter or other survivors' identities and communications confidential
- A warning that survivors in the program are not legally responsible to uphold the confidentiality of others in the program. Survivors can then keep this in mind when choosing to disclose information to others in the program.
- A warning of the possible repercussions of not abiding by the program's confidentiality expectations; for example, jeopardizing the safety of other survivors and advocates.
- A description of documentation procedures and maintenance, including:
  - What information is recorded and why, and the methods of collection.
  - The program's policy for responding to court orders for records.
  - Processes for survivors viewing their own files.
  - A description of what kind of information will remain on file once a survivor terminates services, and timelines for when records will be destroyed.
  - A signature/date line for the survivor and witness.

## Guidelines for Telephone Procedures

The following are Our House's practices to protect confidentiality on shared phones:

- Advocates and survivors answering shared phones must receive clear instructions on how to protect the confidentiality of others in the program. These instructions shall be posted by the phone and reviewed periodically with survivors.
- Those answering the phone shall not disclose who is in the program to any callers, whether the caller is a friend or family member of the survivor, or another organization.
- Our House implement a system whereby the person answering the phone offers to post a message without confirming or denying that a survivor is there.
- A survivor may choose to sign a Waiver and Consent for Release of Information form to allow certain callers to be immediately connected to the survivor rather than called back.
- Even with this Release of Information, however, Our House have procedures in place to screen calls or verify callers' identities. For instance, if a caller says they are phoning from a certain organization, it is prudent to take a message and let the survivor call the person back through that organization's main switchboard number. These procedures will help to ensure that information is not shared with a perpetrator posing as someone else.

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## Guidelines for Procedures Regarding Program Visitors

Program visitors may include donors/funders/monitors taking a tour of the facility, people bringing donations, or other guests.

In addition to having visitors sign the required confidentiality agreement, the following processes are address during program visits:

- Inform visitors of the reasons and importance of maintaining the confidentiality of the survivors participating in the program, and the location if applicable.
- Give survivors advance notice of any upcoming tours, and give them the options to stay in rooms not included in the tour or to leave the facility during the visit.
- Ensure that advocates escort the guests during the entire visit.
- Cancel or reschedule the visit if a survivor cannot leave the program during the visit and expresses concern about it.
- Keep visits to a minimum to best create a confidential environment.

## Guidelines for Release of Information Procedures

When survivors are considering releasing their whole file or parts of their file, Our House's advocates employ the following procedures:

- Sit with the survivors and let them review their file so they are aware of its contents before they sign a Waiver and Consent for Release of Information form.
- Make it clear to survivors that they have the legal right to disclose or not disclose the domestic violence program's information about their case to others outside of the program.
- Discuss the potential advantages or problems that may result from releasing information, and make it clear that once the Release is signed, the program cannot protect information from how it may be used.
- If there is concern that information in the file will be used against the survivor, discuss the option of releasing a summary report of the survivor's involvement in services rather than the whole file.

Survivors may sign a Release that significantly limits the kinds of information that the program can disclose. For instance, a survivor may sign a Release that only permits the program to report on the dates of group counseling attendance, but does not permit the agency to share anything the survivor said or did in the group. This option is helpful for survivors who have been mandated for services by the courts or DCFS.

## Guidelines for Responding to Subpoenas

Our House procedures regarding to subpoenas include the following information in our Domestic Violence Policy Manual:

- Actions for advocates to take, including how to respond to initial subpoenas and whom to contact.

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- A designated custodian of records who is responsible for responding to requests for information.
- Processes for consulting with a staff attorney prior to responding to subpoenas.
- Processes for discussing with the survivor which information, if any, can be released and obtaining a Waiver and Consent for Release of Information for that information. This process includes reviewing the information with the survivor before releasing it.
- Processes for when the survivor does not sign a Waiver and Consent for Release of Information form. In these instances domestic violence programs have an obligation to protect survivor confidentiality, usually by filing a Motion to Quash the subpoena.

### Retention and Destruction of Records

Policies on the retention and destruction of records should encompass all case notes and files, paper and electronic in nature, staff to staff communications, written and verbal, and all documentation required by funding agencies. Our House use the following guidelines in procedures for the retention and destruction of records:

- Records must be maintained for a period of six years beyond the fiscal year the service occurred unless there is an audit, in which case the records shall be maintained until the audit is completed.
- Staff-to-staff communications that cannot be made verbally due to staffing patterns must be destroyed as soon as possible.
- In determining which records to retain, programs shall weigh the need for information against the potential for the misuse of the record.
- Paper files must be kept locked. Electronic files must be kept appropriately stored in secure location. The files shall not be removed from the program without written permission from the custodian of records.

### Guidelines for Confidentiality of Deceased Survivors

Our House's Domestic Violence Policy states that when a survivor or domestic violence is deceased or has been adjudged incompetent by a court of competent jurisdiction, the guardian of the deceased victim or the executor or administrator of the estate of the domestic violence victim may waive the privilege of confidentiality, except if any of the following apply:

- The guardian, executor or administrator of the estate has been charged with a violent crime against the domestic violence victim
- An Order of Protection was entered against the guardian, executor or administrator of the estate at the request of or on behalf of the domestic violence victim
- The guardian, executor or administrator of the estate otherwise has an interest adverse to that of the domestic violence victim with respect to the waiver of the privilege.

If any of the above apply, the court must appoint an attorney for the estate of the domestic violence victim.

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## Mandated Reporting of Child Abuse and Neglect

Child abuse and neglect occurs when parents or other caretakers mistreat children or fail to adequately care for them. Abuse may be physical, emotional or sexual. The perpetrators may be parents, step-parents, the partner of a parent, guardians, immediate family members, any person living in the home of the child, a person who came to know the child through an official capacity or position of trust, or any other person who is responsible for the welfare of the child.

All program staff and volunteers of Our House, Inc. are mandated reporters of child abuse and neglect according to the Mississippi Abused and Neglected Child Reporting Act (ANCRA).

To be in compliance with ANCRA, any suspected child abuse and/or neglect must be immediately reported to the Mississippi Department of Children and Family Services (MDCFS) hotline or local office. All phone reports must be confirmed in writing within 48 hours. A Waiver and Consent for Release of Information is not necessary to make a report to MDCFS. Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor. For all legal obligations related to child abuse and neglect, mandated reporting and MDCFS, Our House, Inc. must consult with their staff attorneys or other legal counsel.

## Our agency's minimum requirements

Our House adhere to the following criteria:

- Our House has have a written policy regarding child abuse and neglect reporting that meets the requirements of the Abused and Neglected Child Reporting Act. This policy include the following:
  - Suspected child abuse and neglect must be reported
  - All advocates are mandated reporters
  - What steps advocates must take to inform the parent/guardian of the child who has been abused and/or neglected
  - What procedures to follow if the suspected perpetrator of abuse or neglect is presently receiving services from the program
  - Information released without consent will be limited to the incident of abuse and/or neglect that is being reported
- Our policy outline procedures for placing a hotline call that include the following steps:
  - Document in writing and prepare all information that is to be reported to the hotline. Call the DCFS hotline at (800) 252-2873 (800-25-ABUSE) after receiving the information
  - Provide the hotline the advocate's name, position, and reason for the call
  - Answer all questions to the best of the advocate's ability
  - If the hotline refuses to take a report, request that the hotline take the report as information



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- Follow up each report with the written report (CANTS 5) required by DCFS within 48 hours
- Consult with program supervisory staff regarding the call

### Minimum Requirements in Documentation of Child Abuse

The hotline call and all of the related information must be documented. This information includes the following:

- Date
- Name of the advocate making the report
- Steps taken to report the abuse or neglect
- Information reported to the hotline
- Determination made by DCFS
- Supervision that took place
- Steps taken by advocates to address the issues with the family
- A copy of the written report provided to DC

### Identifying Abuse and Neglect

In order to be able to identify abuse, advocates are trained to be aware of the following common signs of abuse and neglect in children.

- Signs of physical abuse include but are not limited to:
  - Unexplained bruises, welts or lacerations, especially in various stages of healing or in the shape of objects used to inflict injury
  - Broken bones or fractures
  - Cigarette or cigar burns, especially on soles, palms, back or buttocks
  - Immersion burns on hands, feet or genitalia
  - Rope burns on arms, legs, neck or torso
  - Human bites
  - Injuries sustained by excessive corporal punishment
  - Child reports of being restrained, locked in a room or chained
  - Child reports of being locked alone in a car
- Signs of sexual abuse include but are not limited to:
  - Bizarre, sophisticated, provocative or unusual sexual behavior
  - Difficulty in walking or sitting
  - Torn, stained or bloody clothing
  - Bruises or bleeding of genitalia
  - Sexually transmitted diseases or pregnancy at early ages
  - Reports of being forced to view media or sexual acts that are not appropriate
- Signs of neglect include but are not limited to:
  - Appearance of general neglect, e.g. poorly nourished or inadequately clothed
  - Left alone or wandering, especially at late hours

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Advocates are also trained to understand that “creating a substantial risk of physical injury” is also considered abuse. This includes strangling, smothering, shaking, throwing or violently pushing a child into a fixed object, whether or not an injury was intended or sustained, or being threatened with abuse.

## Determining When to Make a Report

In considering whether or not to make a report, advocates consider the following questions:

- Has the advocate observed evidence that damage was done to the child?
- What communication has the child provided, and is the information plausible and consistent with observations?
- If the explanation comes from someone other than the child, how credible or complete is the information?
- Have there been past incidents that now seem suspicious?

The signs of sexual abuse can be uncertain, so if a child tells an advocate that a caretaker or other person responsible for the child’s welfare is abusing him/her, the advocate must report it.

## Responding to Disclosures of Abuse

If a child has disclosed to the advocate their experience of abuse, the advocate shall take the following steps in addition to calling the hotline:

- Believe the child.
- Stay calm and reassure the child that he or she is not to blame.
- Praise the child for her/his courage in telling; show confidence in the child.
- Respect the child’s privacy; avoid telling anyone not mandated to be told by law or program policy.
- Don’t repeatedly ask for the details of the abuse.
- Refer the child for professional therapy.

## Mandated Reporting of Elder Abuse and Neglect

Elder abuse is the mistreatment of people aged sixty or over. This abuse or neglect is usually committed by the grown children of the elders, but can also be committed by abusive spouses or other people in the person’s community. The abuse or neglect can be committed in a number of ways: physical abuse, psychological abuse, sexual abuse, financial abuse such as theft or fraud, or the denial of basic rights.

All staff are mandated reporters of elder abuse and neglect. Advocates must report all suspected abuse, neglect, and exploitation of persons sixty and over who are unable to report for themselves. The reports are required by the Mississippi Elder Abuse and Neglect Act. For all legal obligations relating to elder abuse and reporting, staff must consult with their staff attorneys or other legal counsel.

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New Elder Abuse and Neglect Act legislation also allows for the use of the elder abuse hotline to voluntarily obtain resources for people over age 60 who have difficulty caring for themselves.

## Minimum Requirements for reporting elderly abuse.

Our House adhere to the following criteria:

- Suspected elder abuse, neglect and exploitation must be reported if the elder is unable to report for themselves
- All advocates are mandated reporters of elder abuse and neglect
- What procedures to follow if the suspected perpetrator of abuse, neglect, or exploitation is presently receiving services from the program
- That information to be released without consent will be limited to only the incident of abuse and/or neglect that is being reported
- Procedures for placing a hotline call. This shall include the following steps:
  - Document and prepare all information that is to be reported to the hotline
  - Call the hotline at (866) 800-1409
  - Provide the hotline the advocate's name, position, and reason for the call
  - Answer all questions to the best of the advocate's ability
  - Consult with program supervisory staff regarding the call

## Minimum Requirements in Documentation of elderly abuse

The hotline call and all of the related information must be documented and placed in the elder's file. This information include the following data:

- Date
- Name of the advocate making the report
- Steps taken to report the abuse or neglect
- Information reported to the hotline
- Result of the report
- Supervision that took place
- Steps taken by advocates to address the issues with the family and arrange for care

## Identifying Elder Abuse

Advocates are trained to identify the following common signs of physical, emotional and financial elder abuse and neglect:

- Bruises, burns, cuts, lacerations, sprains or broken bones
- Neglect in medical problems being treated
- Dehydration or malnutrition
- Symmetrical injuries on two sides of the body
- Signs of being restrained, such as rope marks
- Underutilization or over-utilization of medications

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- Numerous or large cash withdrawals
- Objects or money missing
- Early withdrawals from investments
- Sudden changes to beneficiaries or deeds
- Taking out a second mortgage
- Inadequate clothing
- Poor personal hygiene
- Broken glasses or hearing aids
- Bed sores or other untreated wounds or sores
- Prescriptions that are not filled

## ***FORMS***

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## Declaration of Confidentiality Statement for Boards of Directors

I, \_\_\_\_\_ (*print name*) the undersigned Director of Our House, Inc., do hereby declare that I will not disclose any confidential information pertaining to the business and operation of the agency. This will include, but is not limited to, all of the discussions undertaken and business conducted in executive sessions.

I, understand that even when providing statistical data on program activities and program services, individual identifiers of client records will not be used. No client-level data should be shared with a third party, regardless of encryption, hashing, or other data security measures, without a written, time-limited release. The address or location of the shelter facility shall not, except with written authorization of the person or persons responsible for operation of such shelter, be made public and the confidentiality of records pertaining to any individual provided domestic violence services will be strictly maintained.

I, understand that additional requirements with regard to confidentiality of client/victim information and records are imposed by state law provisions located at Miss. Code Section 93-21-109, as amended by HB 1030 (2014 Regular Session).

I further declare that I will not disclose the confidences if I should leave the Board of Directors of Our House, Inc. for any reason.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

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## Visitor Declaration of Confidentiality

I, \_\_\_\_\_ (*print name*) understand that I must maintain the highest level of professionalism in my capacity of a guest of Our House, Inc.

I, understand that even when providing statistical data on program activities and program services, individual identifiers of client records will not be used. No client-level data should be shared with a third party, regardless of encryption, hashing, or other data security measures, without a written, time-limited release. The address or location of the shelter facility shall not, except with written authorization of the person or persons responsible for operation of such shelter, be made public and the confidentiality of records pertaining to any individual provided domestic violence services will be strictly maintained.

I, understand that additional requirements with regard to confidentiality of client/victim information and records are imposed by state law provisions located at Miss. Code Section 93-21-109, as amended by HB 1030 (2014 Regular Session).

I do hereby declare that I will hold confidential all communications, observations, and information made by and between or about survivors. This information specifically includes survivors' identity information and physical whereabouts information.

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My reason for my visit:

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Visitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Staff \_\_\_\_\_ Date \_\_\_\_\_

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## Consumer Declaration of Confidentiality

I, \_\_\_\_\_ (*print name*) understand that I must maintain the highest level of confidentiality for my safety and the safety of others receiving services at Our House, Inc.

I, understand that even when providing statistical data on program activities and program services, individual identifiers of client records will not be used. No client-level data should be shared with a third party, regardless of encryption, hashing, or other data security measures, without a written, time-limited release. The address or location of the shelter facility shall not, except with written authorization of the person or persons responsible for operation of such shelter, be made public and the confidentiality of records pertaining to any individual provided domestic violence services will be strictly maintained.

I, understand that additional requirements with regard to confidentiality of client/victim information and records are imposed by state law provisions located at Miss. Code Section 93-21-109, as amended by HB 1030 (2014 Regular Session).

I do hereby declare that I will hold confidential all communications, observations, and information made by and between or about survivors. This information specifically includes survivors' identity information and physical whereabouts information.

**I understand that should I disclose the location** of the shelter or release any other confidentiality information that I may be immediately discharge from the shelter for the safety of myself and of other consumers of services.

**I hereby agree that all** correspondences, communications & information seen, heard, or acquired by me through any means, which relate to any direct, prevention, counseling services or referrals shall be held in the strictest confidence, **even after I have left the premises.**

Visitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Staff \_\_\_\_\_ Date \_\_\_\_\_

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## Declaration Of Confidentiality for Staff/Volunteers

I, \_\_\_\_\_ (*print name*) the undersigned staff/volunteer of Our House, Inc., do hereby declare that I will hold confidential all verbal, written, and/or electronic communications, observations, and information made by and between or about survivors (including their families). This information specifically includes survivor identity information and physical whereabouts information.

Survivor information may only be disclosed by the agencies authorized by the survivor's Waiver and Consent for Release of Information form, when the information is required to better meet the survivor's needs. I understand that if I fail to maintain the confidentiality of survivors I may be discharged from Our House's employment or volunteer services. Exceptions for Release of Information which do not require the client's written consent include:

- 1) Disclosure of client information may be made to the legal guardian of a client. When child abuse or neglect is suspected, the agency member must make a report to DCFS. The parent/caregiver will first be encouraged to call the hotline. Whether or not the parent/caregiver agrees to do so, the agency member is required by law to make the report. The Child Abuse/Neglect Form must be filled out.
- 2) When elder abuse or neglect is suspected, a report must be made to the Mississippi Department of Aging if the elder is unable to report for themselves.
- 3) When there is imminent danger to the health or safety of the survivor or another person, the agency member may disclose the information to the appropriate party.

I, understand that even when providing statistical data on program activities and program services, individual identifiers of client records will not be used. No client-level data should be shared with a third party, regardless of encryption, hashing, or other data security measures, without a written, time-limited release. The address or location of the shelter facility shall not, except with written authorization of the person or persons responsible for operation of such shelter, be made public and the confidentiality of records pertaining to any individual provided domestic violence services will be strictly maintained.

I, understand that additional requirements with regard to confidentiality of client/victim information and records are imposed by state law provisions located at Miss. Code Section 93-21-109, as amended by HB 1030 (2014 Regular Session).

I further declare that in the event of my withdrawal or resignation, I will keep confidential all information related to Our House, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor or representative



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### Acknowledgment Of Mandated Reporter Status

I, \_\_\_\_\_, understand that when I am employed/volunteering at Our House, Inc. I will become a mandated reporter under the Mississippi Abused and Neglected Child Reporting Act. This means that I am required to report to the child abuse hotline number (1-800-25-ABUSE) whenever I have reasonable cause to believe that a child may be abused or neglected.

I also understand that I will be a mandated reporter of elder abuse under the Mississippi Elder abuse and Neglect Act. This means that I am required to report to the elder abuse hotline number (1-866-800-1409) whenever I have reasonable cause to believe that an elder is being abused or neglected and is unable to make the report themselves.

I understand that each hotline number operates 24 hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between the survivor and me is not grounds for failure to report suspected child or elder abuse or neglect. I know that if I willfully fail to report child or elder abuse or neglect, I may be found guilty of a Class A misdemeanor.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements that apply to me under the Abuse and Neglected Child Reporting Act and the Elder Abuse and Neglect Act.

\_\_\_\_\_  
Signature of applicant/employee

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## Communication Procedures

In accordance with our mission statement, our agency's guiding principle is empowerment. As advocates for survivors of domestic violence, we believe in the inherent worth and dignity of every person we serve. Our goal is to provide a safe and empowering environment for survivors and their vulnerable family members. We further strive to provide a cooperative and empowering work environment. Therefore, the following communication guidelines will be followed:

- 1) Use positive and supportive communication techniques with the survivors and children.
- 2) Loud tone, abusive or demeaning language, and judgmental statements are examples of non-supportive communication.
- 3) When interacting with the survivors and children, convey sensitivity for the diversity and value of each individual. It is unacceptable to use put-downs and name-calling due to a person's race, class, religion, culture, physical or mental ability, age or sexual orientation.
- 4) The above positive and supportive communication techniques will also be applied when interacting with coworkers, volunteers, Board members, donors, and any other individuals with whom you have contact (as a representative of the agency).
- 5) Further, communications to and about others must be respectful and supportive. All interactions must reflect favorably on the agency.
- 6) In accordance with our confidentiality procedure, survivor (former and current) information should be discussed in professional and programmatic manner and only when the information is required to better meet survivor needs (individually and collectively).
- 7) It is unacceptable to simply chat or gossip about others. All communications about survivors must be held in private.
- 8) When conducting goal plans (or when engaged in any other conversation) with the survivor, review options and safety concerns objectively, rather than telling them what they should do.

The above guidelines represent the principles of the agency. The use of non-supportive or abusive language with survivors and children would be considered "conduct inconsistent with the principles of the agency" which our agency's Employee Handbook identifies as reason for discharge for employment.

Your signature attests to your understanding of and agreement to the above guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidentiality Guidelines and Forms

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### Our House, Inc.: Authorization to **OBTAIN** Information

<b>Name:</b>			
<b>Social Security No:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Former Address:</b>			
<b>Current Phone #:</b>		<b>Emergency Phone #:</b>	

**Obtain Information**

I understand that **Our House, Inc.** has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow **Our House, Inc.** to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_ (*Consumer's Name*) a participant in Our House, Inc.'s \_\_\_\_\_ (*Name Program*), hereby authorize Our House to obtain full disclosure:

\_\_\_\_\_ (*Name of agency/representative we are requesting information from*)

Comments:

I, hereby authorize Our House permission to obtain full disclosure in regards to my general condition and participation from my **probation officer, municipal court, social services, law enforcement agency, private attorney and/or the local domestic violence program** in which I have been assigned. Specify details with respect to the services needed, services given, and evaluation of my situation are checked below which are requested or shared by Our House, Inc. with the above agencies.:

- |                         |                        |                                |
|-------------------------|------------------------|--------------------------------|
| ___ (1) Medical Records | ___ (2) Police Records | ___ (3) Human Services Records |
| ___ (4) Court Records   | ___ (5) School Records | ___ (6) Counseling Sessions    |
| ___ (7) Employment      | ___ (8) Other _____    |                                |

## Confidentiality Guidelines and Forms

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The information may be shared:  By Phone     by fax     by mail     by email\*

**\*I understand that electronic mail is not confidential and can be intercepted and read by other people.**

The purpose of this disclosure authorized herein is to:

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**I understand that data gathered will only be used or revealed for research or statistical purposes and that compliance with the request for information is not mandatory and participation in the project maybe terminated at any time by me.**

This two page consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier) will expire six months after my initial agreement: \_\_\_\_\_.

**This form consent that if Our House, Inc. is subpoena, that they have my permission to release my personal records with the understanding that they will attempt to inform me of said subpoena.**

**I understand that this two page release is valid when I sign it, and that I may withdraw my consent to this release at any time in writing.**

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**Consumer's Signature**

***If the consumer is a child, then the parent must sign form instead of the child***

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**Date & Time**

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**Staff's Signature**

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**Date & Time**

**This forms expires on: \_\_\_\_\_**

## Confidentiality Guidelines and Forms

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### Our House, Inc.: Authorization to **RELEASE** Information

<b>Name:</b>			
<b>Social Security No:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Former Address:</b>			
<b>Current Phone #:</b>		<b>Emergency Phone #:</b>	

**Release Information**

I understand that **Our House, Inc.** has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow **Our House, Inc.** to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_ (*Consumer's Name*) a participant in Our House, Inc.'s \_\_\_\_\_ (*Name Program*), hereby authorize Our House to release full disclosure in regards to my general condition in/at Our House, Inc.

\_\_\_\_\_  
*(Name of agency/representative, we are requesting to give information).*

Comments: \_\_\_\_\_

**The information may be shared:**  **By Phone**     **by fax**     **by mail**     **by email\***

***\*I understand that electronic mail is not confidential and can be intercepted and read by other people.***

<b>What information about me will be shared:</b>	(List as specifically as possible, for example: name, dates of service, and any documents).
<b>Why I want my information shared: (purpose)</b>	(List as specifically as possible, for example: to receive benefits).

**I understand:**

## Confidentiality Guidelines and Forms

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That I do not have to sign a release form. I do not have to allow **Our House, Inc.** to share my information. Signing a release form is completely voluntary.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from **Our House, Inc.**

The risks and benefits of releasing the confidential information to the above organization or person.

That a limited release of information (*can potentially open up access by others to all of my confidential information held by **Our House, Inc.***)

The specific information that I want to be released (for example: written records, notes about what I have said) and how it will be shared (by phone, fax, mail, etc.). I understand that email is not confidential.

**No information in a my file that is provided by an agency outside of the member program shall be released to a third party without my written permission**

That this release is limited to what I write above. If I would like **Our House, Inc.** to release information about me in the future, I will need to sign another written, time-limited release.

That **Our House, Inc.** and I may not be able to control what happens to my information once it has been released and that the agency or person getting my information may be required by law or practice to share it with others.

This release is valid for a period of: \_\_\_\_\_ Release expires on: \_\_\_\_\_

***This form consent that if Our House, Inc. is subpoena, that they have my permission to release my personal records with the understanding that they will attempt to inform me of said subpoena.***

If additional time is necessary to meet the purpose of this release, I will need to sign a new release form or choose to extend this same release form or choose to extend this same release form, by signing this same form again and adding a new expiration date.

**I understand that this two page release is valid when I sign it, and that I may withdraw my consent to this release at any time in writing.**

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Consumer's Signature

Date & Time

***If the consumer is a child, then the parent must sign form instead of the child***

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Witness's Signature

Date & Time