

PSYCHIATRIC HEALTH FACILITY POLICIES AND PROCEDURES

COUNTY OF SANTA BARBARA
DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section:	LEGAL		
Subject:	CONFIDENTIALITY GUIDELINES FOR SUPPORTING FAMILY / SOCIAL SUPPORT NETWORK		
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Director's Approval:	_____	Date:	_____
Assistant Director's Approval:	_____	Date:	_____

POLICY:	<p>It is the policy of the Department of Mental Health to advocate, encourage, and reinforce the social support network, which includes family and friends as a primary resource to all clients being served.</p> <p>The Department recognizes the importance of the support provided by caregivers (family members and significant others). In order to ensure that caregivers are able to effectively provide support, it is necessary that they give and receive appropriate information as authorized by the client. The Department of Mental Health will aid those support systems that strive for the betterment of the client. The goal is to facilitate information-sharing with caregivers, while maintaining an adherence to established ethical and legal standards of client confidentiality, as well as client preference.</p> <p>We acknowledge that clients have the right to confidentiality and privileged communication during their treatment at the Department of Mental Health. It is incumbent upon the staff of the Department to respect and protect this right, while at the same time provide assistance to resolve family/friends network problems.</p> <p>All clinical staff within the Department of Mental Health will attempt to preserve the social support network without compromising either the rights of clients or the specific support systems available.</p> <p>Reference: DMH's Policy Directive number 201, enclosed, is incorporated by reference.</p>
PROCEDURE:	<ol style="list-style-type: none"> 1. Upon initial contact with each client, the staff will seek to ascertain whether there is anyone who provides support to the client. The staff will then determine the nature and extent of that support. This information may be received from any available resource including the client, family members, friends or associates of the client, any other significant persons available to the process. The staff will also review past medical/psychiatric information from charts, and when authorized, contact past service providers. Staff are encouraged to listen, ask questions and use all appropriate means to gather as much information as

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possible about the client and his/her current situation and available resources.

When a potential caregiver or other person is asking for information which is protected by confidentiality statutes, and the client has not given written authorization for the release of such information, the staff person will offer to explain the confidentiality statutes, including the need for the client's agreement to release any and all information. Such explanation will be given without acknowledging that the specific client is known by the Department or is treated therein.

2. Any individual may be identified as a "caregiver" by the client or by other means, including observation, others' report or advisement. Any individual may be perceived by DMH staff as being a "caregiver" if the lack of this person's involvement would preclude or interfere with the client's ability to maintain community living status or significantly interfere with the client's quality of life. Basic information needed by caregivers may be given, when authorized by the client, to include diagnosis, prognosis, symptom management, medication information, including side effects. Other issues may include housing, financial assistance or arrangement for same; money management, assistance with activities of daily living, transportation, etc.

3. When an individual has been tentatively identified as a caregiver, DMH staff will offer the client appropriate encouragement to effect a written release of information to share pertinent information with the caregiver.

If a client refuses to provide written consent for a release of information, DMH staff will explore with the client the reasons for refusal, keeping in mind the right of the client to refuse, as well as, the possible needs of the caregiver (especially if the caregiver provides housing or other essential services).

Staff should attempt to determine if there is specific information that the client is willing/unwilling to share, rather than categorically refusing release of all information. This exploration serves to protect the client who may be the victim in an abusive situation.

As a major part of the treatment process and with those clients where victimization is not suspected, staff are advised to focus on the importance of support systems and open dialogue between the client and caregivers, and to encourage a team work approach in all phases of the treatment process.

4. Confidentiality statutes, (W & I Code 5628.1) mandate that Inpatient staff ascertain client's willingness to provide written consent for information-sharing on a daily basis.
5. If the client has provided written consent for information-sharing with his/her caregiver, staff are encouraged to contact the caregiver in a timely manner to involve them in the treatment process. Caregivers are to be encouraged to participate in the treatment process unless information arises which precludes such involvement (i.e. possible abuse or exploitation of the client).

For various reasons, caregivers may initially be hesitant to become involved in the treatment process. Staff may need to extend additional encouragement and outreach to the caregivers and explore the reason for their reluctance.

Regardless of the caregiver's desired level of involvement, staff should maintain an "open door" policy in their interactions with caregivers and inform them of their availability and accessibility should the caregiver desire greater involvement in the future.

6. Information provided by a caregiver is not to be substituted for the information

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	<p>given by the client.</p> <p>7. When the client refuses to grant the disclosure of information to family and/or caregivers, the staff must:</p> <ul style="list-style-type: none">• Listen to the concerns of the family/caregivers• Support the distress of the family/caregivers• Refer them to available support groups• Review information received from family/caregivers, and act accordingly to include any and all appropriate needed interventions, including evaluation for 5150 evaluations.
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