SHAKER HEIGHTS YOUTH CENTER

CONFIDENTIALITY POLICY

POLICY: It is the policy of the Shaker Heights Youth Center to assure consumer confidentiality in accordance with 42 CFR part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

PROCEDURES: Shaker Heights Youth Center shall not convey to a person outside of the agency that an individual attends or received services from the agency at the indicated level of services. The Center will not disclose any information identifying a consumer as an alcohol or other drug prevention services at the indicated level unless the consumer consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to a qualified personnel for a medical emergency, research, audit or program evaluation purposes.

Federal laws do not apply to individuals receiving universal or selected prevention services because 42 CFR 2.12 states that "any information that would identify a patient as having an alcohol or drug problem, either directly or indirectly, is protected." Individuals in programs for a universal population or in selected programs though not covered, should receive services in a way that respects the privacy of the individual.

Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a consumer either at the agency or against any person who works for the agency.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

RELEASE OF INFORMATION: All authorizations or Release will conform to the 42 C.F.R., part 2, HIPPA and the Ohio Department of Mental Health and Addiction Services standards:

1. The name of the agency making the disclosure.
2. The name or title of the individual or the name of the organization to which the disclosure is to be made.
3. The name of the consumer.
4. The purpose of the disclosure.
5. The type and amount of information to be disclosed.
6. The original signature of the consumer or person authorized to give consent.
7. The date the consumer or other authorized person signed the form.
8. A statement that the consent is subject to revocation at any time except to the extent the agency or person who is to make the disclosure has already acted in reliance on it.
9. The date, event, or condition upon which the consent will expire,

unless revoked before that specified time.

10. Each release of information will have a clearly written statement:

> "*This information has been disclosed to you from the records protected by federal confidentiality rules. 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 information to criminally investigate or prosecute any alcohol or drug abuse client."*

Confidential consumer information: The Shaker Heights Youth Center does not as a matter of course create documents with the names of consumers. Any information that contains consumer names on a document shall be maintained in a locked file cabinet which has restricted access for prevention staff only. After service hours the cabinet shall be maintained in a locked office. Consumer records must be maintained for a minimum of three (3) years following the date of the last service. Following the end of the school year the consumer information for that particular year shall be maintained in a similar locked and secure location within the Center.

When staff submit documentation of services the name of the individual receiving services is not to be included on the documentation. The information submitted electronically to the Alcohol and Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County does not contain any consumer identifying information. The ADAMHS Board stores a duplicate of the information submitted.
The information submitted includes:

1. The date that the prevention services were provided.
2. The location where the prevention service was provided.
3. The approximate number of consumers who received the prevention service.
4. The types of prevention strategies/services provided.
5. A description of the prevention activities conducted.
6. The signature and credentials of an individual who is qualified to provide prevention services in accordance with the Ohio Department of Mental Health and Addiction Services standards. The Signature may be electronically submitted.

The forms may be submitted in person or by fax or email because there is no identifying information about the individual served.
Unauthorized alteration of records is prohibited. All entries must be made in chronological order, signed, and dated. Errors are to be corrected by drawing one line through the written statement, writing "error," and placing the initials along the same line. "White-out" or other means of alteration are not acceptable.