

CLIENT CONFIDENTIALITY

Other Relevant Policies:	Email Policy Privacy Policy Subpoena of Case notes Policy Memorandum of Understanding SAPOL
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Policy Statement

Victim Support Service is committed to ensure the confidentiality of service users. Client information will be shared with others in the best interests of the client following the appropriate consent processes. The exceptions to this will be those resulting from certain legal requirements and a Duty of Care.

This policy applies to all staff, contract workers, volunteers, students and all persons jointly providing services with Victim Support Service staff to Victim Support Service clients. The issue of confidentiality will be a consideration for staff in a range of instances:

- Sharing information with clients, relatives and care-givers;
- Sharing information with staff from other agencies;
- Sharing information with the public for planning, research and publicity purposes.

Process

Victim Support Service policy on confidentiality protects clients against improper disclosure of information. A Confidentiality Agreement will be signed by all staff, volunteers and students upon commencement at Victim Support Service. Information received in confidence shall not be disclosed except in the following circumstances:

- An Authority to Release Information has been signed by the client
- The disclosure is made under compulsion of law, e.g. subpoena, mandatory reporting of suspected child abuse and neglect
- There is a duty to the public to disclose, eg. not hindering the Police in investigating a crime
- There is a duty of care to disclose where the staff member believes the client is at risk of harming others
- There is a duty of care to disclose where the staff member believes the client is at risk of harming themselves
- The interests of the client will benefit from discussion with other VSS workers who have a professional interest or professional responsibility

Freedom of Information

As an adjunct to Victim Support Service policy on confidentiality, clients may request to see files or information recorded about themselves. Requests should be in writing and addressed to the CE. Copies of information may only be made with prior approval of the CE.

Serious Communicable Conditions

Where the client has a serious communicable condition, the individual's right to privacy must be maintained except in circumstances, which could threaten the health of staff or volunteers.

In relation to other staff, volunteers or clients, information should be given only when there is a serious and definite risk to such persons. In these instances the following procedure must be observed:

- Where possible, written permission must be obtained from the client; and
- Wherever possible, reliance should be placed on the use of universal precautions rather than the release of information.

Research and Publicity

Information collated for internal or inter-agency planning, research or publicity purposes must not identify individual clients, except where specific permission has been received from the client to use identifying data.

Facsimile

Facsimile transmissions of confidential client information should be avoided. Information identifying a client may only be transmitted by facsimile when it is in the best interests of the client.

Where information is transmitted by fax it is important to negotiate with the receiver to stand by the machine to retrieve the document.

Facsimile transmissions should be made on the special purpose Facsimile cover sheet which gives a warning to recipients about confidentiality (see attached).

Email – See Email Policy

Case Note Confidentiality – See Subpoena of Case Notes Policy

This policy should be read in conjunction with The Memorandum of understanding between Victim Support Service and SAPol .

Updated August 2006 by TLC

PERMISSION TO EXCHANGE INFORMATION

CLIENT DETAILS:

Family Name: _____

First Name: _____

Address: _____

Date of Birth: _____ Gender: _____

I _____
(Full name)

give permission for _____
(Worker Name)

of **Victim Support Service** to exchange information with:

1. _____

2. _____

3. _____

4. _____

The purpose of this form has been discussed with me. I understand that I can change or cancel this authority, in writing, at any time. This authority will expire upon closure of my file.

Client Signature: _____ Date: _____

Witnessed by: _____
(Witness Name)

Witness Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

I _____ (Full name)

Undertake to maintain the confidentiality of all information I acquire during my involvement with Victim Support Service Inc. regarding clients, their families, Victim Support Service Inc. and other agencies. I will not divulge this information during my involvement with VSS or after my departure. The only exception to this will be where there is a legal requirement for me to so divulge or as outlined in the Confidentiality Policy.

I understand and agree to the following:

- Every document or copies of any document from files must remain in the office of the Victim Support Service unless otherwise negotiated with the Manager or Chief Executive (CE).
- Client information may only be discussed or exchanged with someone outside the organisation with the approval of the client unless a Victim Support Service Counsellor determines that it is appropriate to exchange such confidential information;
- Upon completion of my involvement with Victim Support Service I will not retain anything particular to any client without the consent of the Manager or CE; and
- To use discretion in discussing activities of the Victim Support Service and their clients with people not immediately involved with the service.

(Please Tick)

Employee Student Volunteer

Name: _____

Signature: _____ Date: / /

Supervisor Name: _____

Supervisor Signature: _____ Date: / /