

Montgomery County DHHS

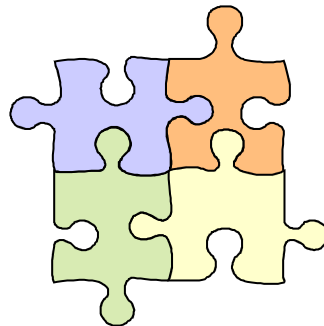


Confidentiality in a Multi-Service Agency



How is DHHS Organized?

- In 1996, 4 County departments became one entity.
- Objective: Integrated, coordinated and comprehensive service delivery.





How is DHHS Organized?

- One Director
- Centralized administrative functions
- Moving towards one client database/record
- Uniform intake form to identify all service needs
- Designated entire HHS entity as HIPAA covered – including social service and income support programs.



How is DHHS Organized?

- Rationale for covering **all** of HHS under HIPAA:
 - Department had already made progress towards service integration
 - Consistent privacy and security approach to all DHHS information



Confidentiality: Sharing information within our multi-service agency

- Legal Requirements:
 - **State Laws:** Amended to treat Montgomery County like one entity for purposes of confidentiality.
 - **Federal Laws:** Where more stringent, federal law controls.
 - Example: Alcohol and Substance Abuse regulations at 42 CFR Part 2



Confidentiality: Sharing information within our multi-service agency

- HIPAA Compliance
 - Sharing information is permissible based on **purpose**.
 - For **treatment** purposes, sharing is permissible both within (use) and outside your entity (disclosures) without written client authorization.



Confidentiality: Sharing information within our multi-service agency

- Definition of treatment in the regulations includes “related services.”
- In context of our department, related services include income support and social services.
 - Addressing a client’s basic food or shelter needs greatly impacts the effectiveness of health care.
- Both the intent of the law, and language in the rulemaking process supports this broad interpretation.



Confidentiality: Sharing information within our multi-service agency

- Information is shared internally for all of these treatment purposes:
 - Determining eligibility
 - Making referrals
 - Case managing and coordinating services
 - Establishing a service integration team



Confidentiality: Sharing information within our multi-service agency

- What if a client does **not** want information shared with another DHHS program that is also serving him/her?
 - Clients have a **right to request a restriction** on how their information is shared for treatment, payment or health care operations.
 - DHHS has criteria set forth in policy for evaluating such requests.



Confidentiality: Sharing information within our multi-service agency

- Compliance with more stringent federal laws.
 - To the extent that other federal privacy laws require additional protections, we comply with those protections.
 - Example: Our alcohol and substance abuse treatment programs obtain written client authorization to share information with our other DHHS programs.



Infrastructure to promote service integration and ensure privacy compliance

- Revised Notice of Privacy Practices
- Common Authorization Form
- Department-wide policy
 - *Example: Safeguarding Policy*
- Role based access: Access based on a job related purpose
- Minimum Necessary
- Training
- Resources



Respect for client autonomy

- Critical component of privacy rights and professional ethics.
- Unless there are protective factors that preclude it, client is active participant.



Protective Service Programs and Confidentiality

- Child (CPS) and Adult Protective Services (APS) are permitted by law to share information with other DHHS service providers as necessary to:
 - Conduct investigations
 - Protect the child or vulnerable adult
 - Provide services



Protective Service Programs and Confidentiality

- DHHS program staff are mandated by State law to share certain information with protective services:
 - To report suspected abuse or neglect
 - Health and mental health providers must share a *limited* amount of information with child protective services. Client authorization is not required.



Protective Service Programs and Confidentiality

- Due to protective role, CPS and APS clients do not have the same rights as other DHHS clients.
 - Involvement with CPS or APS is not voluntary when a child or vulnerable adult's safety is at issue.
- To some extent, separate policy is needed for protective service programs.
- Whenever possible, CPS and APS provide clients with the same rights provided to clients in other programs and engage clients in the process.



Lessons Learned

- Service integration is a process
- Start small, resolve issues, then expand
- Ask the right questions
- IT is a tool, not a solution
- Confidentiality laws are often misunderstood
- Train, train, train
- Resources
- No one size fits all solution for coordination with outside partners.
- Recognize achievements