



COBB COUNTY COMMUNITY SERVICES BOARD

Policy # 1005	Confidentiality and HIPAA
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Related Policies:	
Approved: <i>Foster Norman</i>	<u>3-1-19</u>
Foster Norman, Executive Director	Effective Date

POLICY:

It is the policy of the Cobb County Community Services Board (CSB) to ensure compliance with applicable state and federal laws and regulations regarding confidentiality and privacy of client health care information, including but not limited to information about mental health, developmental disabilities and addictive disease.

Individuals also have certain legal rights regarding access to their own records and information. The CSB permits Individuals access to their own records and information as written in agency policy and in accordance with state and federal laws and regulations. *(See Policy 1009, Client - Rights Review and/or copy of Clinical/Medical Record)*

When there is a conflict between state and federal law, the CSB will seek legal counsel regarding the conflict. Generally, the CSB will follow the law which provides greater access to the client's PHI and rights of the individual, or which provides the greatest protection of confidentiality and privacy. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) does not supersede or negate more stringent federal and state laws, rules and regulations.

Unless otherwise specifically stated, CSB policy and procedures regarding confidentiality do not compel or require disclosure of confidential or protected health information. If there is an exception and disclosure is allowed, such disclosure is not required unless a law, rule or regulation, DBHDD or CSB policy or procedure states that the disclosure is required.

APPLICABILITY:

State Laws and regulations on confidentiality of mental health, developmental disabilities and addictive disease information, as well as other health information, govern the CSB. The CSB is also a "covered entity" as defined in, and as governed by, HIPAA and its regulations.

All employees, agents, trainees, volunteers and contractors of the Department of Behavioral Health and Developmental Disabilities (DBHDD) and CSB shall abide by federal and state laws and regulations regarding confidentiality, all relevant DBHDD and CSB policies and procedures and all federal laws regarding the disclosure and use of confidential and protected health information (PHI). A contractor who does business with the CSB that will involve PHI has a duty to follow state confidentiality laws as well as applicable provisions of HIPAA (including the Privacy and Security Rules). *(See Policy 5058, Business Associate-HIPAA)*. Business associates must also have business associate agreements with all applicable subcontractors.

DEFINITIONS:

Unless a different meaning is required by the context, the terms as used in this policy and procedure and in all CSB policies and procedures regarding confidentiality and HIPAA shall have the following meanings.

Accounting of disclosures – A history of when and to whom disclosures of protected health information are made for purposes other than treatment, payment and health care operations and certain other exceptions.

Advance directive for health care – A document voluntarily executed by an individual in accordance with O.C.G.A. § 31-32-5. A living will or durable power of attorney for health care may be an advance directive.

AIDS confidential information – Information which permits identification of an individual and discloses that the individual:

- Has been diagnosed as having Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC)
- Has been or is being treated for AIDS
- Has been determined to be infected with any type of Human Immunodeficiency Virus (HIV) as defined by Georgia law
- Has submitted to an HIV test
- Has had a positive **OR** a negative result from a HIV test
- Has sought and received counseling regarding AIDS, **OR**
- Has been determined to be a person at risk of being infected with AIDS.

Authorization to disclosure – Permission by a client or a person legally authorized to consent on the client's behalf to the release or use of PHI relating to the client.

Breach – The acquisition, access, use or disclosure of PHI in a manner not permitted by HIPAA or this policy which compromises the security or privacy of the PHI. (see also Policy # 1039)

Business Associate – A person or entity, who is not a member of the CSB's workforce and who, on behalf of the CSB, performs or assists in the performance of a function or activity involving the use or disclosure of individually identifiable health information.

1. On behalf of the CSB, creates, receives, maintains or transmits protected health information for a function regulated under HIPAA, including but not limited to claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; patient safety activities as defined in this policy; billing; benefit management; practice management and repricing.
2. Provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, or financial services to or for the CSB, which services involve the disclosure of PHI by the CSB or from another business associate of the CSB, to the business associate.
3. A Health Information Organization, E-prescribing Gateway, or other person that provides data transmission services with respect to PHI to the CSB and that requires access on a routine basis to such PHI.
4. A person that offers a personal health record to one or more individuals on behalf of the CSB.
5. A subcontractor that creates, receives, maintains or transmits PHI on behalf of a business associate.

Chief Medical Officer/Medical Director – The physician appointed by the CSB Executive Director as Medical Director with overall responsibility for the care, treatment, and habilitation services at the CSB, or a physician appointed in writing as the designee of such a Medical Director.

Client - Any person who is seeking, applying for, currently receiving, or formerly received treatment or services from the CSB for mental illness, developmental disability or addictive disease or co-occurring combinations thereof. For purposes of this policy “client” means the person who is the subject of PHI.

Clinical record - A written record of an individual client that includes all medical records, progress notes, charts, laboratory reports, admission and discharge data, and all other information recorded by staff members of the Cobb CSB or other entities responsible for the client's care, treatment and habilitation. For purposes of confidentiality and privilege requirements, the term also includes any information, such as a conversation or telephone conversation, acquired in the course of dealing with the client even if not recorded in the written/electronic medical record and regardless of the source of the information. In addition, for purposes of confidentiality and privilege requirements, the term includes any information derived from the written/electronic medical record even though the information is communicated orally.

Confidential - Client data or information including communications is private and is not made available or disclosed to persons who are not authorized to access such data or information.

Confirmed positive HIV test – The results of at least two separate types of HIV tests, both of which indicate the presence of HIV.

Court – In the case of an individual who is 17 years of age or older, the probate court for the county of residence of the individual or the county in which such individual is found, and, in the case of an individual who is under the age of 17 years, the juvenile court for the county of residence of the individual or the county in which such individual is found.

Covered entity – A health care provider, health plan or health care clearinghouse that transmits any health information in electronic form in connection with a HIPAA transaction. The CSB is a covered entity.

De-identified information – Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Designated record set – A group of records maintained by or for the CSB that is used, in whole or in part, by or for the CSB to make decisions about Individuals, including but not limited to clinical and billing records. (*See Policy 5043, Designated Record Set*)

Determined to be infected with HIV – A confirmed positive HIV test or having been clinically diagnosed as having AIDS.

Diagnosis (with regard to alcohol or drug abuse) – Any reference to a client’s alcohol or drug abuse or to a condition which is identified as having been caused by that abuse which is made for the purpose of treatment or referral for treatment.

Direct treatment relationship – A treatment or service relationship between a client and a health care provider that is not an indirect treatment relationship. In an indirect treatment relationship, the health care provider delivers health care to the client based on the order of another health care provider and the health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services or products or reports to the client.

Disclosure - The release, transfer, provision of access to, or any form of divulging information outside the entity holding the information. Disclosure includes the affirmative verification of

another person's communication of individually identifiable health information, or the communication of any information from the record of a client who has been identified. "Release" also means disclosure, for purposes of this policy.

Executive Director – The Director of the Cobb CSB or designee.

Facility – Any hospital, community mental health center, or other facility that is state owned or state operated and is utilized for the diagnosis, care, treatment, or hospitalization or services of individuals for mental illness, developmental disability or addictive disease.

Guardian – A person appointed by written court order to be legally responsible for the person of an adult or of a minor. The individual for whom a guardian is appointed is known as the "ward." Whenever "individual" or "client" is used in confidentiality and HIPAA policies and procedures, a guardian is entitled to exercise the individual's/client's rights on behalf of the individual/client (ward). "Guardian" as used in this policy does not include a conservator or a guardian of property alone

Health and Human Services (HHS) – The federal government department that has overall responsibility for implementing HIPAA.

Health care – Care, services, or supplies related to the health of a client. Health care includes, but is not limited to, the following: (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of a client or that affects the structure or function of the body; and (2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

Health care agent – A person appointed by a client to act for and on behalf of a client, as set forth in an advance directive for health care executed by the client.

Health care provider – A provider of health care services and other persons or organization who furnishes health care, bills or is paid for health care in the normal course of business.

NOTE: For purposes of this policy, the term "health care provider" follows the definition in HIPAA and refers to all health care providers generally.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Public Law 104-191 is a Federal law that governs the use, access and disclosure of PHI regarding individuals. HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care Individuals, health care providers, payers, and employers; to specify the types of measures required to protect the security and privacy of personally identifiable health care information; and to specify requirements for reporting breaches of HIPAA to HHS and others. HIPAA refers to the federal act and also to related federal regulations known as the Privacy Rule, the Security Rule, and regulations implementing the "Health Information Technology for Economic and Clinical Health Act" ("HITECH Act"), located at 45 CFR Parts 160, 162 and 164.

Individualized Service Plan – A proposal developed for each client admitted to a program or service of Cobb CSB, which is specifically tailored to meet the individual client's care, treatment, and habilitation needs.

Individually identifiable health information – Any information, including demographic information, collected from a client that is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of a client; the provision of health care to a client; or the past, present, or future payment for the provision of health care to a client; and identifies the client, or with

respect to which there is a reasonable basis to believe that the information can be used to identify the client.

Laws that require disclosure – Federal and/or state statutes that require or authorize the review, analysis, use of client information or communications by persons who originally did not have access to the information.

Legal Counsel of the Cobb CSB – An attorney-at-law employed by or under contract with the Cobb CSB to provide legal representation.

Limited data set – Protected health information that excludes the following direct identifiers of the individual or of relatives, employers or household members of the individual:

1. Names;
2. Postal address information, other than town or city, state, and zip code;
3. Telephone numbers;
4. Fax numbers;
5. Electronic mail addresses;
6. Social security numbers;
7. Medical record numbers;
8. Health plan beneficiary numbers;
9. Account numbers;
10. Certificate/license numbers;
11. Vehicle identifiers and serial numbers, including license plate numbers;
12. Device identifiers and serial numbers;
13. Web Universal Resource Locators (URLs);
14. Internet Protocol (IP) address numbers;
15. Biometric identifiers, including finger and voice prints; and
16. Full face photographic images and any comparable images.

Mental health or substance abuse facility – Any state owned or state operated hospital, community mental health center, or other facility utilized for the diagnosis, care, treatment, or hospitalization of persons who are mentally ill or alcoholics or drug dependent individuals, any facility operated or utilized for such purpose by the United States Department of Veterans Affairs or other federal agency; and any other facility within the State of Georgia approved for such purpose by the Georgia Department of Human Resources.

Developmental Disabilities facility – Any state owned or state operated institution utilized 24 hours a day for the habilitation and residence of persons with developmental disabilities, any facility operated or utilized for such purpose by the United States Department of Veterans Affairs or other federal agency; and any other facility within the State of Georgia approved for such purpose by the Georgia Department of Human Resources.

Minimum Necessary Standard – When using or disclosing protected health information or when requesting protected health information, the process of making reasonable effort to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. (See Policy 5036, Release of Medical Record Information/Minimum Necessary)

Notice of Privacy Practice – A notice that provides a clear explanation of the CSB's privacy practices and the privacy rights of Individuals regarding their personal/protected health information to include the uses and disclosures of PHI that may be made by the CSB.

Person at risk of being infected with HIV – Any person who may have already come in contact with or who may in the future be reasonably expected to come in contact with the body fluids of an HIV infected person.

Person legally authorized to sign – A person authorized by law to give authorization for release of a client's PHI. These persons include: for minors, the parent, the court-appointed guardian or the court-appointed custodian; for adults, the court-appointed guardian of the person, if any. A client may give his/her agent in an advance directive the authority to sign for release of the client's PHI, except for alcohol or drug information.

Personally identifying information – Any item, collection or grouping of information which contains the name of a client or any unique grouping of information which makes a client identifiable as if a name were affixed (such as address, telephone number, individual diagnosis, etc.).

Physician – Any person duly authorized to practice medicine in the State of Georgia pursuant to O.C.G.A. Chapter 43-34.

Privacy – HIPAA regulations protect a client's right to the privacy or confidentiality of his/her health care information to keep it from falling into the hands of people who are not legally authorized to obtain it. The HIPAA privacy regulations require health care providers to obtain a signed authorization to disclose PHI, unless otherwise authorized by applicable law or regulation.

Privacy Officer – The individual designated by the Executive Director of the CSB with responsibility for obtaining and maintaining a working knowledge of the CSB's confidentiality and privacy policies and procedures, the HIPAA Privacy Rule, and, as applicable, the Security Rule, to respond to confidentiality and HIPAA-related inquiries arising within the CSB, provide information regarding the complaint process and reporting process, and maintain adequate documentation of these activities. The Privacy Officer also has responsibility for overseeing certain HIPAA-related reporting.

Privacy Rule – Standards for Privacy of Individually Identifiable Health Information, which implements the privacy requirements of the Administrative Simplification subtitle of HIPAA at 45 CFR parts 160 and 164.

Privileged – Protected by law from unauthorized disclosure. Privilege gives the legal right to a client to prevent disclosure of communications between the client and his/her psychiatrist, licensed psychologist, licensed clinical social worker, clinical nurse specialist in psychiatric/mental health, licensed professional counselor or licensed marriage and family counselor during psychotherapy.

Protected Health Information (PHI) - PHI is all individually identifiable health information that is transmitted or maintained by a covered entity in any form or medium, including orally. PHI includes name; address; zip code; e-mail address; dates (except year) directly related to an individual including date of birth, admission, discharge, death; age, if over 89 years; telephone number; fax number; Social Security number; medical record number; health plan beneficiary

number; account number; certificate number; license number, device identifier; URLs, IP address; facial photographs; biometric identifier and any other unique identifying number, characteristic or code. PHI excludes education records covered by Family Educational Rights and Privacy Act (FERPA) and employment records held by the CSB in its role as employer. Protected health information also excludes information regarding a client who has been deceased for more than 50 years; however, such information remains confidential and private under state law and under federal laws protecting confidentiality of alcohol and drug abuse patient records, and may not be disclosed without authorization or a legal exception to confidentiality.

Provider – Organizations or persons approved to serve individuals with mental illness, developmental disabilities and/or addictive diseases, wherein those services are financially supported in whole or in part by funds authorized through DBHDD. Providers typically have a contract or letter of agreement with DBHDD.

Psychotherapy notes – Notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the client's clinical record. Psychotherapy notes excludes medication and prescription monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Psychologist – Any person duly licensed to practice psychology in the State of Georgia pursuant to O.C.G.A. Chapter 43-39.

Reasonable cause – An act or omission in which the CSB or its business associate knew, or by exercising reasonable diligence would have known, that the act or omission violated the HIPAA Privacy Rule or Security Rule, but in which the CSB or the business associate did not act with willful neglect.

Records – Any information, whether recorded or not, received or acquired in connection with a client's treatment or services. "Records" includes administrative and other documentation (such as incident reports) that relates to and identifies a client, regardless of whether it is part of the client's clinical record.

Record holder – The health care provider of treatment or services that maintains records or clinical records.

Release – See definition of "disclosure."

Representatives – The persons designated under Title 37 of the Georgia Code to receive certain notices and, unless objected to by the client, to consult with the facility regarding the client's individualized plan and treatment under such plan.

Security Officer – The individual designated by Executive Director of the CSB with responsibility for obtaining and maintaining a working knowledge of the HIPAA Security Rule and, as appropriate, the CSB's confidentiality and security policies and procedures, to respond to inquiries regarding the Security Rule arising within the CSB, provide information regarding the security complaint process and reporting process, and maintain adequate documentation of these activities. With the Privacy Officer, has responsibility for certain Security Rule related reporting.

Staff member – Any person who is an employee, independent contractor, or other agent of the Cobb CSB (including volunteers and trainees).

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_____ Foster Norman, Executive Director	

PROCEDURES:

- A. The CSB has policies and procedures that are designed to comply with confidentiality laws and HIPAA. These policies and procedures:
 1. Restrict access and use based on specific roles of staff of the CSB.
 2. Establish criteria to limit routine disclosures to minimum necessary to achieve the purpose of the disclosure.
 3. Limit what is reasonably necessary for the particular use or disclosure to other covered entities.
- B. Confidentiality and HIPAA privacy policies are available in hard copy from the Chief Quality Officer and also electronically on the agency intranet. If changes are made in the policies, staff will be notified.
- C. All information about Individuals whether oral or written and regardless of the form or location in which it is maintained is confidential and may be disclosed only in accordance with applicable state and federal laws and regulations. The CSB will not confirm or deny whether an individual is receiving or has received services, unless such disclosure is authorized in writing by a valid authorization signed by the client or authorized by applicable law.
- D. **Clinical Record** - The CSB maintains a clinical record for each client who receives services at any agency site. When disclosure is allowed, the original clinical record may be examined only under supervision by designated staff of the CSB at the agency site at reasonable times as determined by the CSB. The original clinical record shall not be removed from the CSB unless authorized by the Executive Director, the Chief Quality Officer or CSB legal counsel. The clinical record is the property of the Cobb CSB and is not a public record. (*See Policy 5014, Chart Opening and Policy 5036, Release of Medical Record Information/Minimum Necessary*)
- E. **De-identification of PHI** - The CSB's policy is to release information with the written consent of the client or authorized representative. If information is required to be released to a non-authorized user, the information will be de-identified. De-identifying information includes the removal of all of the following: names, geographic subdivisions smaller than a state, all elements of dates (except year) related to an individual (including dates of admission discharge, birth, death and, for individuals over 89 years old (the year of birth must not be used) telephone numbers, FAX numbers, electronic mail addresses, Social Security numbers. Medical record number, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers and serial numbers including license plates, device identifiers and serial number, web URLs; internet protocol addresses, biometric identifiers (including finger and voice prints), full face photos and

comparable images and any unique identifying number, characteristics or code. *All requests from non-authorized users for information will be referred to the Chief Quality Officer.*

F. Any disclosure authorized by law or any unauthorized disclosure of confidential or privileged information about a client or communications shall not in any way abridge or destroy the confidential or privileged character of the information disclosed, except for the purpose for which such authorized disclosure is made. Any person making a disclosure authorized by law shall not be liable to the client or any other person.

G. **Safeguards to Protect Privacy of PHI** - The CSB has safeguards to protect the privacy of PHI that it collects and maintains. There are mechanisms in place to control access to computer-based clinical records that apply to all settings where records are kept in the agency, including contracted providers. The CSB will reasonably safeguard PHI to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure. *(See Policy 5001, Authorized User Access to Electronic Medical Records (Passwords, Security and Integrity); Policy 5017, Confidential/Security Awareness Training and Agreement – HIPAA; Policy 5038, Security Access of Medical Records; Policy 5048, Disposal of Electronic Protected Health Information – HIPAA; Policy 5050, Fax Use Policy – HIPAA; Policy 5051, Responsibilities-HIPAA; Policy 5052, Physical Access Policy – HIPAA; Policy 5053, Internet Security – HIPAA; Policy 5054, Workstation Policy/Electronic Portable Devices – HIPAA and Policy 5056, Information Technology Services Disaster Recovery Plan)*

H. **Client Awareness-**

1. Upon entering services with the CSB Individuals are given a copy of “**Client Rights and Responsibilities,**” and a signed copy is placed in the client’s medical record. Each year that the client remains in services, he/she is again given a copy of their rights and responsibilities and a signed copy placed in the client’s medical record. *(See Policy 1010, Client Rights and Responsibilities)*
2. At the time Individuals enter service the Individuals or their legal representative are given a copy of the **Notice of Privacy Practices** to provide adequate notice to Individuals of the uses and disclosures of PHI it may make, and a signed copy placed in the client’s medical record. *(See Policy 5028, Notice of Privacy Practices)*. The CSB shall not require Individuals to waive their rights as provided in the notice as a condition of treatment, payment or eligibility for benefits.
3. Individuals are informed that all electronic devices are prohibited at residential sites. Any electronic devices brought into the residential program by Individuals and/or Individuals’ children will be placed in a secure location until discharge. This includes all cell phones, MP3 players, cameras, gaming systems, pagers, electronic games, etc

I. **Group Participation Awareness**

1. Individuals are informed of their responsibility to maintain confidentiality of all information seen, observed, or heard upon entering a group and agree to keep the confidentiality of all group members by signing a pledge of confidentiality (a part of Consent for Services form- Attachment A) at the time of assessment.
2. Individuals are given a signed copy of the Consent for Services. The original is placed/scanned in the client’s chart.
3. Any breach of confidentiality by a group member is grounds for immediate dismissal from group.

- J. **Visitor Awareness** - In order to protect the anonymity of all individuals who are Individuals of the CSB agency services, all visitors to the agency sites pledge to maintain confidentiality by signing the Visitor Sign-In Sheet (Attachment B).
- K. **Publicity/Media Events** – Visitors associated with publicity or media related events agree to maintain the confidentiality of all Individuals and staff. These visitors sign the Confidentiality Agreement for Publicity and Media/Related Events form (Attachment C).
- L. **Routine Disclosures/Minimum Necessary Standard** - The CSB will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request that is received for information. Processing requests for information from a client's record will be consistent across the agency. (*See Policy 5036, Release of Medical Record Information/Minimum Necessary*)
- M. **Release of Information**
1. Copies of all portions of information from a client's record may be released as follows:
 - When the Medical Director or physician designated by the Medical Director deems it essential for continued treatment, a copy of the clinical record or parts of the record may be released to physicians and psychologists when necessary for the treatment of the client;
 - A copy of a client's medical record may be released to any person or entity designated in writing by the client if the client is a competent adult, or by the custodial parent(s) of a minor, *except in the case of substance abuse records when the consent of a minor, regardless of age is required to release the minor's record*; the legal guardian of an adult or minor; or a person to whom legal custody has been given by order of a court (file copy of guardianship papers in clinical record), *except in the case of substance abuse records when the consent of a minor regardless of age is required to release of the minor's record*. Records which are produced according to the client's authorization will bear notice to the recipient concerning restrictions on further use or disclosure by the recipient.
 - A copy of the medical record of a deceased client may be released in response to a valid subpoena of a coroner or medical examiner, *except privileged information in the record and substance abuse treatment records may not be disclosed unless there has been a hearing as required by federal law (42 U.S.C.A. §290dd-2; 42 C.F.R. Part 2)*;
 - When a client is admitted to a mental health or substance abuse treatment facility (see definition), a copy of the medical record or information contained in the medical record from another such facility or private practitioner may be released to the admitting facility. When the individualized service plan of a client involves the transfer of a client from one such facility to another, a copy of the record or information contained therein may be released to the admitting facility. *However, with substance abuse records, disclosure is permitted only if the disclosure is within the Cobb CSB's or DBHDD facilities unless there is a medical emergency involving any individual*;
 - When the habilitation plan of a client with developmental disabilities involves transfer from a developmental disabilities facility to another such facility or involves the receipt of community services by the client, a copy of the medical record may be released to that facility or to that entity rendering community services;

- When it is necessary for the proper treatment of the client, any employee or staff member of the CSB may have access to and/or receive a copy of the client's medical record;
- A copy of a client's medical record shall be released to the client's attorney if the attorney so requests and the client or the client's legal guardian consents in writing to the release, *except that in the case of a minor, the consent must be given by the minor or the minor's duly appointed guardian;*
- In a bona fide medical emergency, as determined by a physician treating the client, a copy of the medical record may be released to the treating physician or the client's psychologist;
- At the written request of the client, the record shall be produced at any hearing relating to the client's treatment for mental illness or substance abuse or habilitation related to a condition of mental retardation;
- A copy of the medical record shall be produced in response to a valid subpoena or order of any court of competent jurisdiction, *except (1) that privileged information under state law (see definition) may not be released; and (2) a copy of the medical record of a client who is or has been treated for substance abuse shall be produced only in response to an order issued by a court of competent jurisdiction directing such production or authorizing a subpoena or other process to obtain the record which order is issued by the court only after a good cause hearing complying with both State law (O.C.G.A. §37-7-166) and Federal law (42 U.S.C.A. §290dd-2, 42 C.F.R. Part 2);*
- A copy of the record may be released to the legal representative of a deceased client's estate, *except privileged information which, under state law (see definition,) may not be released;*
- A copy of the client's record may be released under the conditions and for the uses and purposes relating to the provision of information for research purposes as set forth in O.C.G.A. § 31-7-6. Release of client information to research groups may be made only in conformity to the CSB's procedures (*See Policy 5036, Release of Medical Record Information/Minimum Necessary*) and federal law (42 U.S.C.A. §290dd-2, 42 C.F.R. Part 2, Section 2.52);
- A law enforcement officer in the course of a criminal investigation may be informed as to whether a person is or has been a client, as well as the client's current address, if known. *However, the CSB and its staff members may not acknowledge or disclose that an individual who has sought or has been treated for substance abuse is or has been a client unless a court order requiring that disclosure or authorizing a subpoena has been issued after a hearing complying with both State law (O.C.G.A. §37-7-166) and Federal law (42 U.S.C.A. §290dd-2, 42 C.F.R. Part 2). That is, a law enforcement officer may not be informed as to whether an individual who has sought or has been treated for substance abuse is or has been a client or as to the individual's current or past address unless such a court order has been issued;*
- A law enforcement officer in the course of investigating the commission of a crime on the premises of any facility of the Cobb CSB or against Cobb CSB personnel or a threat to commit such a crime may be informed as to the circumstances of the incident, including whether the individual allegedly committing or threatening to

commit such a crime is or has been a client of the Cobb CSB, and the name, address, and last known whereabouts of any alleged client perpetrator;

- In connection with any legally authorized hearing concerning whether the client should be required to undergo involuntary treatment or should be released from institutional control, any physician, including any psychiatrist or any psychologist who is treating or who has treated the client shall be authorized to give evidence as to communications otherwise privileged under state law;
 - Information may be disclosed as required by law regarding suicidal or homicidal individuals who it is believed may present an immediate danger to themselves, their family, or community and is limited to the minimum necessary;
 - As required by law in situations where there is reasonable suspicion or knowledge of abuse or neglect of a child, an elderly or disabled person, a report must be made to the appropriate agency or authority and information disclosed is limited to the minimum necessary;
 - Evaluators or auditors recognized by the Executive Director as legitimate may have access to client records as necessary to carry out the evaluation/auditing functions and when entering a site shall confirm that he/she has read and agree to the confidentiality statement on the Visitor Sign-In Sheet (Attachment G) by legibly signing his/her name;
 - In situations involving legal or court proceedings where a lawfully issued subpoena and court order issued by a judge requires confidential/privileged information to be released.
2. When any information is released from a client's medical record with or without the client's consent, the staff member who releases the information must document the release in CareLogic on either the Message Board or in a Memo to Chart entry.
 3. Medical records will not be left in unsecured areas, i.e. on desktops, counter tops, tables or carts in the hallway. Records will be locked in a secure area when staff is not available. While staff is available, access is limited to only those staff members requiring access to the records. Letters containing confidential information and confidential reports are stored in a secure area also.
 4. Medical records of employees and employee family members receiving treatment through the agency are protected from unauthorized disclosure of their treatment information. Access is limited to those staff that are providing treatment or as authorized by the employee/client.
 5. The site supervisor at each facility site is responsible for enforcing confidentiality policies and procedures at the site.
 6. The clinical record support staff is delegated the responsibility for controlling and monitoring access to the records information.
 7. Staff who sign charts out of Medical Records will assume responsibility for those records.

N. Verification of Identity

1. Prior to any disclosure of protected health information staff must verify the identity of the person making the request or authority of the person to have access.
2. Identification may be a badge of a public official if the request is made in person or the agency letterhead of a public official if the request is made in writing. Verification of a client's signature on the "Authorization for Release of Information" form with a signature in the medical record is recommended.

- O. **Payment for Copies of Medical Records** - Any person who receives a copy of a client's medical record (s) will be subject to payment for copies obtained. (*See Policy 5008, Charging for Copies of Medical Records*)
- P. **Requesting Information from Another Facility** – To obtain confidential information from another facility on a client, the Cobb CSB staff member:
1. Completes the Authorization for Release of Information form in its entirety requesting only the information needed to accomplish the purpose of the release;
 2. Obtains the client/parent/guardian signature as required;
 3. Sends the original authorization to the facility that maintains the records needed;
 4. Gives a copy of the Authorization for Release of Information form to the client;
 5. Keeps a copy of release for client file.
- Needed communications between individuals/agencies beyond the expiration date of the written consent will require the completion of a new consent with updated signature(s).
- Q. **Subpoenas and Requests For Production Of Documents**
1. Upon receipt of a subpoena or a Request for Production of Documents the site supervisor, the physician, and the Chief Quality Officer will be notified.
 2. Support staff will notify the client immediately that a subpoena or Request for Production of Documents has been received and inquire if the client will sign a release to send the records.
 3. If the client signs an Authorization to Release Information, the requested information will be sent by the specified date.
 4. If a client refuses to sign an Authorization to Release Information, the Chief Quality Officer will be notified and will seek advice from the Cobb CSB legal counsel.
 5. Upon receipt of a subpoena by an individual staff member, the site supervisor and the Chief Quality Officer will be notified. When testifying in response to a subpoena, a staff member may not disclose privileged communication unless the client has waived privilege or the court has ordered disclosure after a show cause hearing.
- R. **Search Warrant**
- Upon receipt of a search warrant, the site supervisor and Chief Quality Officer will be notified. The Chief Quality Officer will notify the Executive Director and contact the Cobb CSB legal counsel for direction.
- S. **Court Order**
1. If a court order is received to produce records, the site supervisor, physician, and Chief Quality Officer will be notified.
 2. Prior to release of any records, the Chief Quality Officer or designee will discuss the court order with the legal counsel for the Cobb CSB. This will ensure that proper procedure for issuing the court order was followed and that any required wording is present.
- T. **Verbal Information** – Verbal information about Individuals may need to be exchanged between service providers of different agencies in order to make referrals or to provide continuity of care. When verbal exchange is required:
1. This information will be treated with the same concern as written information in the medical record.
 2. This oral communication is documented on the ECR (electronic clinical record) ROI (Release of Information) log for CADIS and in either the Message Board or a Memo to Chart in CareLogic
 3. Casual conversation in public places about Individuals will be avoided at all times.

U. **Faxing**

1. It is the duty of the CSB to protect the confidentiality and integrity of protected health information as required by law. The potential for breach of client confidentiality exists every time someone uses fax transmission. Faxing information (*See Policy 5050, Fax Use Policy-HIPAA*) is permitted as follows:
 - By site Medical Records staff;
 - In psychiatric or medical emergencies where the client is non-responsive or unable to provide necessary information;
 - To one of the Cobb agency sites for immediate discharge planning;
 - Between the Cobb and Douglas County Community Services Boards system for transfer of Individuals and client care; and
 - To payer sources that require information to verify services provided by the CSB;
 - **The fax machine will not be used for routine release of client medical information that can be mailed.**
2. When it is deemed necessary to fax information, staff will check the fax number before faxing to verify that the correct number is entered before pressing the start button. A ROI cover sheet indicating the laws of confidentiality will be attached to any client information faxed.
3. The Fax Transmittal Sheet, fax cover sheet and the ROI cover sheet will be filed in the client's clinical record.

V. **Substance Abuse**

1. In accordance with Federal regulations all substance abuse Individuals are provided written notice of the strict confidentiality of substance abuse client records at intake or as soon as Individuals are able to communicate rationally. (See Consent for Services form)
2. All disclosures from substance abuse records are made with the client's written consent accompanied by a statement prohibiting re-disclosure. (*See Policy 5036, Release of Medical Record Information/Minimum Necessary*)
3. Records pertaining to alcohol abuse or drug abuse shall not be produced in response to a subpoena alone, but shall be produced in response to a court order issued by a court of competent jurisdiction pursuant to a full and fair show cause hearing, except for matters privileged under the laws of the State of Georgia. Records which are produced according to the client's authorization must bear notice to the recipient concerning restrictions on further use or disclosure by the recipient.

W. **HIV/AIDS**

1. The confidentiality of HIV/AIDS information is protected by law.
3. A consent signed by the client specifically stating that HIV/AIDS information may be released shall be obtained before **ANY** HIV/AIDS information from the client's chart is released. (*See Policy 5036, Release of Medical Record Information/Minimum Necessary*)

- X. **Request to Amend Clinical Record** - Individuals have the right to a timely means to dispute the accuracy or integrity of their PHI in their designated record set created by the CSB and to have erroneous information corrected. The Boards consider "corrected" to mean the client adding to the information which he/she disagrees. This does not include deleting, removing or changing the record content. (*See Policy 1008, Client Request to Amend Clinical Record*)

- Y. **Request for Restriction on Disclosures** – If a client requests restrictions on disclosures of PHI (protected health information),
1. He/she must put their request in writing to the Privacy Officer.
 2. Only the Executive Director, or his designee, may agree on behalf of the Cobb County Community Services Board and the Douglas County Community Services Board to any restriction.
 3. No agreement by the Executive Director, or his designee, is valid or enforceable unless that agreement is in writing and is signed by the Executive Director, or his designee. No staff member can waive these requirements. It is not required to agree to the request for restriction.
 4. The decision will be communicated to the client in writing within thirty (30) calendar days of the request.
 5. A copy of the request and response will be filed/scanned in the client's medical record.
- Z. **Client's Right to Review and/or Copy Clinical Record** – Each client who receives services at the CSB has the right to review his/her clinical/medical record and/or receive a copy of the designated record set maintained by the CSB. (*See Policy 1009, Individuals Rights – Review and/or Copy of Clinical/Medical Records*)
- AA. **Accounting of Disclosures** – The CSB keeps an accounting of when and to whom disclosures of protected health information are made for purposes other than treatment, payment and health care operations and will provide an accounting of the disclosure to Individuals if requested. (*See Policy 1011, Client Right to Accounting of Disclosure*)
- BB. **Request for Confidential Communication**- If a client requests to receive communication of PHI (personal health information) by alternative means or at an alternative location,
1. He/she must put their request in writing to the Privacy Officer.
 2. The Privacy Officer will consult with treating staff and administrative staff in making a decision.
 3. All reasonable requests will be accommodated.
 4. The decision will be communicated to the client in writing within thirty (30) calendar days of the request.
 5. A copy of the request and response will be filed/scanned in the client's medical record.
- CC. **Title 37 Representatives of Individuals** - Individuals admitted to the Behavioral Health Crisis Center are asked to provide the unit with the names of representatives, the first named who may talk to the staff about the development of the individualized treatment plan. The client is asked to sign *Form 1025 Notice to Client of Representative's Consultation and Notification Rights*. If the client objects, the representative is not informed of this right.
- DD. **Business Associate** - Any contractor is required to sign a Business Associate Agreement if they perform a function or activity on behalf of the CSB that involves the use or disclosure of PHI or provide any legal, actuarial, accounting, consulting, data aggregation or management, administrative, accreditation or financial services. They are not involved in the treatment of Individuals, and they are not providing client-conducted financial transactions. Employees of the CSB or a medical provider who provides treatment to Individuals are not considered Business Associates and are not required to sign agreements. The CSB shall obtain from its business associates reasonable assurances that they will appropriately safeguard PHI disclosed by the CSB and that agents, employees

- and subcontractors of the business associates agree to the same conditions applicable to the business associates with respect to such information. The CSB shall include HIPAA compliance requirements in contracts, other written agreements and expressions of understanding, with business associates to whom the CSB discloses PHI. (*See Policy 5058, Business Associates-HIPAA*)
- EE. The CSB will mitigate, to the extent practicable, any known harmful effect resulting from a use or disclosure of PHI by the CSB or a business associate, provided such disclosure is in violation of DBHDD and CSB policies and procedures or the requirements of the confidentiality laws or HIPAA.
- FF. **Disposition of Privacy Complaints** – If a client feels that a privacy violation has occurred, he/she has the right to file a complaint. The CSB will document any privacy complaints received as well as any actions in regards to the complaints. (*See Policy 1027, Disposition of Privacy Complaints*)
- GG. **Employee Awareness**
- All new employees, volunteers, consultants, students and contracted providers receive specific training on confidentiality and HIPAA during initial orientation.
 - Employees, volunteers, students, consultants, and contracted providers document their understanding of their responsibilities for respecting Individuals' privacy and protecting the confidentiality of client health information by signing a Confidentiality /Security Awareness Agreement when they begin work. (*See Policy 5017, Confidentiality/Security Awareness Training and Agreement - HIPAA*)
 - A confirmed breach in confidentiality by an employee is a serious offense and consequences as written in *Policy 4008, Consequences to Breach of Confidentiality* will be followed.
 - Staff members sign in daily at the sites on the Staff Daily Sign-In Record (Attachment D) which includes a confidentiality statement.
 - If the functions of staff members are materially affected by a change in DBHDD/CSB policies, written notice and/or training will be provided within a reasonable time after such change in policy.
- HH. **Sanctions** – The CSB policy on sanctions complies with the HIPAA standard. It includes what actions are prohibited and punishable. (*See Policy 1040 HIPAA Sanctions*)
- II. Neither the CSB or its employees, workforce members or agents, shall intimidate, threaten, coerce, harass, discriminate against or take other retaliatory action against any individual or other person for:
- Exercising any right established, or for participation in any process provided for, by DBHDD or CSB policies and procedures regarding confidentiality and HIPAA;
 - Filing a complaint regarding DBHDD or CSB policies or procedures or compliance with such policies or procedures;
 - Testifying, assisting, or participating in an investigation, compliance review, proceeding, or administrative hearing regarding violations of HIPAA;
 - Opposing any act or practice made unlawful by HIPAA regulations, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not involve a disclosure of protected health information that violates HIPAA regulations, state law confidentiality, or federal regulations on confidentiality of alcohol and drug abuse records.

- JJ. The CSB has custody of a variety of types of records, such as incident reports and other administrative records, which may contain confidential or protected health information about an individual. It is the policy of the CSB to protect confidential and protected health information according to law, when such information is in records that are requested under the Georgia Open Records Act, in administrative hearings, in lawsuits, or by any other lawful means, it will not be disclosed unless authorized by the client or other person authorized to disclose, or as required by law.
- KK. **HIPAA Training** - On hire and annually after hire, all employees, students and volunteers sign Confidentiality/Security Awareness Agreement acknowledging their ongoing responsibility for maintaining confidentiality and receive annual training on Confidentiality and HIPAA. (*See Policy 5017, Confidentiality/Security Awareness Training and Agreement – HIPAA*) Contracted employees renew their Business Associate Agreement annually that includes HIPAA and confidentiality review.
- LL. **Privacy Officer** - The CSB has a designated Privacy Officer who is responsible for receiving complaints and providing privacy practice information. The Privacy Officer develops, implements and maintains a working knowledge of the CSB's privacy and security policies, state confidentiality laws, federal regulations on confidentiality of alcohol and drug abuse patient records, the HIPAA Privacy Rule and, as applicable, the Security Rule, responds to HIPAA related inquiries arising within the CSB, provides information regarding the complaint process and maintains adequate documentation of these activities. Upon request the Privacy Officer will submit reports of privacy related activities to the Commissioner of the Department. (*See Policy 1038, Privacy Officer – HIPAA*)
- MM. **Security Officer** – The CSB has a designated Security Officer who is responsible for receiving complaints regarding security and to provide Security Rule information. The Security Officer shall obtain and maintain an adequate working knowledge of state confidentiality laws, federal regulations on confidentiality of alcohol and drug abuse patient records, the HIPAA Security Rule and, as applicable, the Privacy Rule. The Security Officer provides guidance and assists in the development of the CSB's policies and procedures as they relate to patient health information, coordinates initial and additional security training and orientation to employees and investigates breaches of security and assures that culpable staff be subject to appropriate sanctions and that any identified weakness in the system is corrected. (*See Policy 5047, Security Officer – HIPAA*)
- NN. The Privacy Officer and Security Officer work together and coordinate appropriate policies, procedures, reports and projects as applicable.
- OO. **Reporting Violations Confidentiality and HIPAA** - The CSB will maintain policies and procedures regarding reporting of violations of confidentiality rights and HIPAA. Violation of CSB privacy policies and procedures shall be communicated to the Privacy Officer and additionally to the Security Officer as appropriate. These violations can also be reported to the Ethics and Compliance Committee. Violation reports shall include the date of discovery and the date of breach if known; a brief description of what happened; a brief description of the types of PHI involved in the breach; a description of any actions taken to investigate the breach, actions taken within the work unit to mitigate harmful effects of the violation and prevent recurrence; any steps the client should take to protect himself/herself from potential harm from the breach; contact information for the client to ask questions of the Privacy Officer or investigator; and if known, the name and title of

the violator, information about the violator's intent and information on previous similar occurrences. Violation reports shall be in writing for documentation purposes. A report should be made immediately if the situation requires immediate action to protect the welfare or safety of the client, but in any event no later than five (5) business days after becoming aware of the alleged violation. (See Policy 1039 HIPAA Reporting and Notification of Breaches of Confidentiality)

- PP. **Identification and Reporting of HIPAA Breaches** - The CSB will maintain policies and procedures regarding identification of breaches of HIPAA and reporting of breaches. The Privacy Officer, in consultation with the Security Officer, will determine whether violations also constitute breaches and ensure that notifications are made, as required by the HITECH Act and HIPAA, to the client, to the Secretary of HHS and, when required, to the news media. (See Policy 1039 HIPAA Reporting and Notification of Breaches of Confidentiality)
- QQ. **Revision of Confidentiality and HIPAA Policies and Procedures** - The CSB will allow authorized revisions of confidentiality and HIPAA policies and procedures in response to changes in administrative, operating or programmatic requirements. The CSB Privacy Officer and the Ethics and Compliance Committee must approve any and all revisions.
- RR. The CSB will adopt supplemental internal privacy policies and procedures where necessary to meet the requirements of specific programs, activities, or federal or state laws and regulations. Such policies and procedures shall conform to those of the Department, confidentiality laws and HIPAA, and are subject to review by the CSB Privacy Officer and the Ethics and Compliance Committee.
- SS. The CSB will review and revise its confidentiality and HIPAA policies and procedures on an ongoing basis and as necessary to satisfy requirements of confidentiality laws and HIPAA.
- TT. **Community Based Services:** The Board respect the individuals' rights to privacy and confidentiality when services are provided in natural settings. Team members make every effort to accommodate individuals in their location of choice, provided safety is not a concern. The community workers do not wear agency badges while accompanying individuals in public settings. Additionally, team members utilize discrete engagement techniques while providing services in the least conspicuous locations possible from the individual's point of view.
Staff also receive the Relias training "De-escalating Hostile Individuals" annually with Crisis Prevention Institute (CPI) specialty classes available upon request.

LEGAL REFERENCES

42 United States Code Annotated, 290dd-2

42 CFR Part 2

45 CFR Parts 160 and 164, 160.310; 164.308; 164.316; 164. 514(d)(3); 164.530.

Official Code of Georgia Annotated 24-12-20 and 24-12-21; 31-9-22.1; 31-32-1 et seq.; 37-1-1; 37-2-2; Chapter 3 of Title 37; 37-3-166 (Mental Illness); Chapter 4 of Title 37; 37-4-125 (Developmental disability); Chapter 7 of Title 37; 37-7-166 (Substance Abuse); 50-18-72.

Rules and Regulations of the Department of Human Resources, Chapter 290-4-6, "Patients' Rights"; and Chapter 290-4-9, "Individuals' Rights."

COBB COUNTY COMMUNITY SERVICES BOARD

Client Name: _____

DOUGLAS COUNTY COMMUNITY SERVICES BOARD

CID#: _____

CONSENT FOR SERVICES

The undersigned hereby voluntarily consents to treatment by the Cobb County and Douglas County Community Services Boards (the Boards) encompassing assessments, psychological testing, therapeutic services, routine diagnostic procedures and medication as deemed necessary by the physician.

The undersigned acknowledges that I have received a complete copy of individual rights and responsibilities and have been given an explanation of procedures to follow if I believe my rights have been violated. I understand that if I have questions or do not understand my rights I can call the site supervisor.

The undersigned understands that the confidentiality of alcohol and drug abuse individual records maintained by the Board is protected under Federal law and regulations. Staff may not disclose any information identifying an individual as an alcohol or drug abuser unless 1) Individual consents in writing; 2) Disclosure is allowed by a court order; 3) Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the Individual Rights Committee of the Cobb and Douglas County Community Services Boards, the Department of Behavioral Health and Developmental Disabilities (DBHDD), the State Attorney General's Office, and the Federal United States Attorney in accordance with Federal regulations. **Exceptions are:** 1) Federal law and regulations do not protect any information about a crime committed by an individual either at the program or against any person who works for the program or about any threat to commit a crime. 2) Federal laws 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. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

The undersigned understands that the Boards have responsibility mandated by Federal and State Law to protect the anonymity of all people who are or who have been individuals at this agency and I pledge not to identify to others any person that they may see or to divulge any information that I read or hear about individuals who are individuals at this agency. The undersigned understands that violation of this confidentiality pledge may lead to their dismissal from the program or service.

The undersigned agrees that if I leave the treatment program without the permission of the physician or staff to do so or if I fail to attend the program as scheduled without notifying staff, I give permission to the program site staff at their discretion to contact the individual named as their emergency contact to inform them of their absence from the program.

The undersigned understands that personal medications including medications brought from home may be used when so ordered by the physician. I understand that unused or discontinued personal medications or medications left at a site after discharge will be disposed of by staff when they are no longer being used. The undersigned further acknowledges that medications brought to the program by me or prescribed to me during their stay will not be returned to me when deemed dangerous/non-therapeutic by my treating physician.

The undersigned authorizes the Boards' staff to take photographs to be placed in my clinical record for identification purposes only. The undersigned also consents to audio and/or videotaping and understand that I will be informed before each taping occurs. These tapes will be used solely for educational purposes and will not be disclosed for any other purpose.

The undersigned understands that I may be requested to submit to alcohol and/or drug screens and that refusal to comply with the request for a urine alcohol and/or drug screen may be cause for discharge from the program.

Policy 1005 – Confidentiality and HIPAA

In the event of a medical emergency, I consent for the staff to provide first aid, or in the event other medical attention is needed, appropriate transportation to the appropriate facility will be arranged. I will not hold the Boards or staff responsible for any liability caused by arranging or referring for emergency procedures or contacts. I understand that I, not the Boards, will be responsible for all emergency medical/transportation needs.

The undersigned understands that personal belongings, lockers, containers, and living quarters provided may be subject to inspection at any time to insure the safety of individuals, and further understand that I must relinquish all alcohol, drugs, paraphernalia and weapons when in any Board site/program and/or vehicles.

The undersigned acknowledges that the Board, as part of the contractual relationship to the Georgia (DBHDD), will report select information about their treatment to the Georgia Information Computer System and Cobb Regional Boards.

The undersigned understands that participation in the Boards' services depends on determination by the Boards that available services are appropriate for me, are in their best interest and are not disruptive of the services provided by the Boards to other individuals. The Boards may at times change services offered or reduce the number of individuals who are able to be served. If the Boards determine to eliminate services provided, the Boards will give notice and will make efforts to arrange transition to other appropriate services if available.

The undersigned acknowledges that I may be transported by Board's personnel in authorized vehicles as part of the program's activities.

Medical/Psychiatric Advance Directive Acknowledgment (Address Medical Advance Directive with individuals in Stabilization Unit and 24/7 sites, address Psychiatric Advance Directive with other individuals)

- A. I have been given written materials about my right to accept or refuse medical/psychiatric treatments.
- B. I have been informed of my rights to formulate a Medical/Psychiatric Advance Directive.
- C. I understand that I am not required to have a Medical/Psychiatric Advance Directive in order to receive medical/psychiatric treatment at this health care facility.
- D. I understand that the terms of any Medical Advance Directive that I have executed will be followed to the extent permitted by law. (It is the policy of Cobb and Douglas Community Services Board to resuscitate individuals until they reach medical/emergency facilities where advanced directives will be implemented in accordance with the individual's direction).

I Have a Medical Advance Directive No Yes

I Have a Psychiatric Advance Directive No Yes

It is the policy of the Boards to follow Psychiatric Advance Directive to the limit of the law and to ensure individual, staff and public safety.

If the individual is a minor for whom a guardian has been appointed, this consent must be signed by the parent or legal guardian of the individual, except when exempted by law.

Individual Signature, if over age 12

Date

Parent/Legal Guardian Signature

Date

Witness Signature

Date

GIVE COPY OF CONSENT FOR SERVICES TO INDIVIDUAL OR PARENT/LEGAL GUARDIAN.

Give Copy of **INDIVIDUAL RIGHTS and RESPONSIBILITIES** to Individual

VISITOR SIGN-IN SHEET

Cobb CSB's have a responsibility mandated by federal and state law to protect the anonymity of all people who are (or have been) Individuals of this facility. We must request that you agree not to identify to others any person that you may have seen or divulge any information that you may overhear about individuals who are Individuals at this facility. Your signature below represents your pledge to maintain the confidentiality of all Individuals of the Cobb Community Services Boards.

PLEASE PRINT

Name	Date	Time In	Time Out

**COBB COUNTY COMMUNITY SERVICES BOARD
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

**Confidentiality Agreement
For Publicity Media/Related Events**

The Cobb County and Douglas County Community Services Boards would like to assist properly identified visitors in their efforts to learn about the area programs. The following rules are necessary to ensure client confidentiality and to protect the rights of staff members. The rules follow the Division of Mental Health/Mental Retardation and Substance Abuse guidelines, as well as the Georgia Health code.

1. Visitors first should contact the Executive Director or his/her designee regarding information about the Community Services Board.
2. A staff member of the Community Services Board will accompany visitors on tours of the facilities.
3. Visitors will not use the names of Individuals or any identifying information in reports, news broadcasts, articles, or any other media without the written informed consent of the client and/or his/her legal guardian. Visitors may photograph or film Individuals only after gaining their informed consent. This includes "unidentifiable" photographs or films of Individuals.
4. As a courtesy to staff, visitors will photograph, film or name staff in public reports or newscasts ONLY after gaining their specific consent.
5. The staff will assist visitors in obtaining appropriate consent as needed.

I HAVE READ THE ABOVE STATEMENT CONCERNING CONFIDENTIALITY GUIDELINES. I AGREE TO ABIDE BY THESE RULES WHEN VISITING THE PROGRAM TO OBSERVE, RECORD, FILM OR PHOTOGRAPH INDIVIDUALS OR STAFF MEMBERS.

Date: _____

Signature of Visitor: _____

Organization: _____

Staff Person: _____

**COBB COUNTY COMMUNITY SERVICE BOARD
DOUGLAS COUNTY COMMUNITY SERVICE BOARD
STAFF DAILY SIGN IN RECORD**

NAME	TIME IN	TIME OUT	DESTINATION & EST. TIME RETURN	TIME IN	TIME OUT	DESTINATION & EST. TIME RETURN	TIME IN	TIME OUT	DESTINATION & EST. TIME RETURN	TIME IN	TIME OUT	DESTINATION & EST. TIME RETURN

*** This is not an official time record for FLSA reporting purposes.

Policy # 1005 – Confidentiality and HIPAA

Cobb CSBs have a responsibility mandated by the federal and state laws to protect the anonymity of all people who are (or have been) Individuals of this facility. We must request that you agree not to identify to others any person that you may have seen or divulge any information that you may overhear about individuals who are Individuals at this facility.