

DUN LAOGHAIRE RATHDOWN DRUG REHABILITATION PROJECT

CONFIDENTIALITY AND SHARING INFORMATION POLICY

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1.0 Policy Statement

Confidentiality is an integral element of the DLR Rehabilitation Project. The DLR Rehabilitation Project partners are committed to ensuring that all service users' information is managed in line with accepted good practice and relevant legislation.

2.0 Purpose

- 2.1 To ensure that the confidentiality of service users participating in the DLR Rehabilitation Project is protected in a consistent and appropriate manner.
- 2.2 To provide all involved in the DLR Rehabilitation Project with a common understanding of confidentiality, including the limits of confidentiality and provide clear guidelines regarding the management of service users' information.

3.0 Scope

This policy applies to all staff involved in the DLR Rehabilitation Project and refers to adult (over 18) service users.

4.0 Legislation and other relevant documents

- 4.1 National Protocols and Common Assessment Guidelines¹
- 4.2 Child Care Act 1991⁵
- 4.3 Children First: National Guidance for the Protection and Welfare of Children²
- 4.4 Data Protection Acts 1988 & 2003^{3, 4}
- 4.5 Freedom of Information Acts 1997 & 2003^{6, 7}
- 4.6 Information Governance: a guide for health and social care staff⁸

This policy should be in conjunction with the DLR Rehabilitation Project: Key Working & Case Management Guideline; Care Plan Meeting Guideline; Assessment & Care Planning Guideline; Gaps & Blocks Guideline and Procedure and Case Notes, Record Keeping and Correspondence Guideline.

5.0 Roles and Responsibilities

- 5.1 **DLR LDTF Treatment & Rehabilitation sub committee** write and disseminate this policy and take a lead role in its evaluation and review.
- 5.2 **The managers of the DLR Rehabilitation Project partner agencies/services** will implement this policy within their own agency/ service.

The managers of the DLR Rehabilitation Project partner agencies/services are required to ensure that a copy of this document has been given to all staff members involved in the DLR Rehabilitation Project and ensure that all staff members sign to confirm that they have received, read and understood this Confidentiality & Information Sharing Policy.

The managers of the DLR Rehabilitation Project partner agencies/services will assist in its evaluation and review.

- 5.3 **Key workers and case managers** are required to act in accordance with this policy.

¹ National Drugs Rehabilitation Implementation Committee. (2011). *National Protocols and Common Assessment Guidelines to accompany the National Drugs Rehabilitation Framework*.

² Department of Children & Youth Affairs. (2011). *Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: Government Publications.

³ <http://www.irishstatutebook.ie/1988/en/act/pub/0025/index.html>

⁴ <http://www.irishstatutebook.ie/2003/en/act/pub/0006/index.html>

⁵ <http://www.irishstatutebook.ie/1991/en/act/pub/0017/print.html>

⁶ <http://www.irishstatutebook.ie/1997/en/act/pub/0013/index.html>

⁷ <http://www.oireachtas.ie/documents/bills28/acts/2003/a903.pdf>

⁸ <http://www.hiqa.ie/publications/what-you-should-know-about-information-governance-guide-health-and-social-care-staff>

Key Workers and Case Managers will, through their managers, provide feedback on this policy for evaluation and review purposes.

All personnel involved in the DLR Rehabilitation Project will be in receipt of sensitive information pertaining to service users. It is the responsibility of all involved, that is, **DLR LDTF Treatment & Rehabilitation sub committee, the Managers of the DLR Rehabilitation Project partner agencies/ services and Key Workers and Case Mangers** to act in accordance with this policy, failure to do so will be considered as an act of misconduct and may result in disciplinary action.

6.0 Core Principles

- 6.1 Service users have a fundamental right to the privacy and confidentiality of their personal information.
- 6.2 Service users have a right to control access to and disclosure of their personal information by giving, withholding or withdrawing consent.
- 6.3 Non-consensual disclosure of confidential information can only be made in limited circumstances as described in Section 8.0.

7.0 Guidelines

7.1 General

- 7.1.1 All service users involved in the DLR Rehabilitation Project are to be made aware of the DLR Rehabilitation Project's Confidentiality & Information Sharing Policy. All service users will have access to this policy.
- 7.1.2 Confidentiality is between the service user and the services involved in their care. It is not between the service user and any particular staff member from a participating service.
- 7.1.3 Confidentiality can never be absolute and therefore absolute confidence can never be guaranteed but it is only in limited circumstances that a person's information can be disclosed without obtaining prior consent. (See Section 8.0.)
- 7.1.4 The DLR project partner services recognise that an inter-agency approach to provide a seamless and comprehensive service cannot be achieved without the exchange of personal information. Adopting an inter-agency approach to providing care includes a commitment to enable the sharing of information in a manner which is compliant with services statutory responsibilities.
- 7.1.5 Only appropriate and necessary information pertaining to service users' care will be shared with named members of service users' inter-agency shared care team. These personnel will also share appropriate and necessary information with relevant staff from within their own services. Service users should be made aware of sharing of information policies and practices within participating services. (See Appendix 1 Glossary of terms and definitions for 'Appropriate & necessary information'.)
- 7.1.6 Appropriate information pertaining to service users will only be shared with named family members and/or friends and only when written consent has been obtained from the service user.
- 7.1.7 Care must be taken with phone calls in relation to queries around service users to ensure that information is not unintentionally passed on to a third party. Service users' attendance or presence in the service should not be confirmed without service users' consent.
- 7.1.8 All requests for information about service users must be accompanied by a written consent to share information form.
- 7.1.9 All service users have the right to request a copy of any information held regarding them by DLR Rehabilitation Project partner services.
- 7.1.10 All service users have the right to withdraw consent for the sharing of information at any time except where limits to confidentiality apply (See Section 8.0).
- 7.1.11 All service user files are to be kept in a secure place within services. Staff are expected to exercise care to keeping safe all documentation or other material containing confidential information in line with each services own policy on data management.

- 7.1.12 All service users' files should be kept in a locked filing cabinet, with the key held only by staff members involved in relevant service provision.
- 7.1.13 Computer files should be password protected with the password held only by staff members involved in relevant service provision.
- 7.1.14 All written correspondence about service users should, where possible be shown to the service user for comment prior to being sent.
- 7.1.15 Wrongful disclosure, that is, accidental, planned or deliberate disclosure without consent, will be considered as an act of misconduct and may result in disciplinary action as per each participating services disciplinary policies.
- 7.1.16 If there has been a breach of confidentiality the service user will be informed and informed of the steps which have been taken to ensure the incident is not repeated.
- 7.1.17 All participating services will notify the office of the data commissioner of particular breaches of confidentiality which have occurred within their own service.
- 7.1.18 If a dispute arises in relation to the sharing of information a care plan meeting should be called to resolve the issue.

7.2 Informing Service Users

- 7.2.1 All service users should be made aware of the following at the first point of contact with a participating service:
 - 7.2.1.1 Their right to privacy and confidentiality of their personal information.
 - 7.2.1.2 The limits to confidentiality.
 - 7.2.1.3 The purpose and benefits of sharing appropriate, necessary and agreed information with those involved in their care.
 - 7.2.1.4 Confidentiality is between the service user and the organisations involved in their care; agreed information will be shared with others involved in their care.
 - 7.2.1.5 Appropriate and necessary information pertaining to service users' care will only be shared with named members of service users' inter-agency shared care team. These personnel will also share relevant information with appropriate staff from within their own services. Service users should be made aware of whom information will be shared with within participating services.
 - 7.2.1.6 Their consent will be sought in writing using the standardised confidentiality and consent to share information form prior to any information sharing taking place. This form should stipulate:
 - 7.2.1.6.1 The services and named individuals with whom the information is to be shared.
 - 7.2.1.6.2 Specific details of the information that will be shared and its purpose.
 - 7.2.1.6.3 The reason for sharing information with named services.
 - 7.2.1.6.4 The timeframe that the consent form applies to.
 - 7.2.1.6.5 The date and signatures of the service user and the key worker/ case manager obtaining the consent.
 - 7.2.1.7 Their right to request a copy of all information pertaining to them that is held by participating services and the processes by which their information can be obtained.
 - 7.2.1.8 The process by which requests for information are managed within the DLR Rehabilitation Project.
 - 7.2.1.9 Their consent to share information with agencies involved in their care plan will be reviewed at six monthly intervals or more frequently if required.
 - 7.2.1.10 Their consent to share information can be withdrawn at any time except where limits to confidentiality apply. (See Section 8.0.)

7.3 Acquiring Consent to Share Information

- 7.3.1 Information held by the DLR Rehabilitation Project partner services cannot be disclosed to a third party without the service user's written consent.
- 7.3.2 Consent must be sought in writing using the standardised confidentiality and consent to share information form prior to any information sharing taking place. (See Appendix II Collective for Case Managers & Appendix III for individual Key Workers)
- 7.3.3 Consent is a continuous process therefore consent to share information should be reviewed at six monthly intervals unless more frequently required.
- 7.3.4 Where new services are invited to join the care plan process consent to share information must be obtained from the service user in advance of any communication with the new service.
- 7.3.5 The confidentiality and consent to share information form should stipulate:
 - 7.3.5.1 The services and named individuals with whom the information is to be shared.
 - 7.3.5.2 Specific details of the information that will be shared.
 - 7.3.5.2 The reason for sharing information with named services.
 - 7.3.5.3 The timeframe that the consent form applies to.
 - 7.3.5.4 The date and signatures of the service user and the key worker/ case manager obtaining the consent.

8.0 Limits to Confidentiality

- 8.1 Confidentiality is not absolute; there are limited circumstances when a person's information can be disclosed without obtaining their prior consent. (These are detailed in section 8 of the Data Protection Acts 1988 and 2003.) Within the context of information collected by us in the course of our work with service users the following limits apply:
 - 8.1.1 The information is required by law or by order of a court.
 - 8.1.2 The information is required to prevent injury or other damage to the health of the service user or another person or to prevent serious loss of or damage to property.
- 8.2 In the event that a disclosure is required without obtaining prior consent, the staff member must discuss and agree this with his/her service manager in advance of the disclosure.
- 8.3 In the event of a disclosure of any of the above, the staff member should, if possible, inform the service user that they will need to report the issue to the relevant authority. If the service user cannot be informed in advance they should be informed subsequently.
- 8.4 Where required all participating services agree to provide training for their staff on the management of disclosures in line with their own policy on the management of disclosures.

9.0 Data Protection Responsibilities

- 9.1 In addition to the duty of care regarding confidentiality outlined above, the Data Protection Acts (1988 & 2003) imposes legal obligations on the DLR Rehabilitation Project partner services. The DLR Rehabilitation Project partner services are aware of and act in accordance with the following principles regarding information:
 - 1. Obtain and process information fairly
 - 2. Keep it only for one or more specified, explicit and lawful purposes
 - 3. Use and disclose information only in ways compatible with these purposes
 - 4. Keep it safe and secure
 - 5. Keep it accurate, complete and up-to-date
 - 6. Ensure it is adequate, relevant and not excessive
 - 7. Retain for no longer than is necessary for the purpose or purposes
 - 8. Allow individual's access to their personal data, on request

10.0 Email, Fax, Phone and Postage Usage in Relation to Confidentiality

10.1 Phone usage

Care should be taken not to unintentionally disclosure information when communicating by phone. Confirmation that an individual is attending the service to a person, who has not been covered through consent to share information, could be considered a breach of confidentiality.

10.2 Fax usage

Confidential and personal information should not be transmitted by fax.

10.3 Email usage

Sensitive case specific information that includes client details should not be sent by email.

10.4 Postal usage

When sending information relating to service users by post the sender should confirm the name, service and address of the recipient. Information should be placed in a robust envelope and sealed securely. The envelope should be marked 'Private & Confidential: to be opened by addressee only'. All recipients should be asked to confirm receipt of correspondence. When sending information by post the sender should document:

- What information was sent
- Date sent
- Sender details
- Recipient details
- Date received by recipient

11.0 Implementation Plan

This policy will be disseminated by the DLR Rehabilitation Pilot partners to the relevant managers within their services/ organisations for distribution to all staff involved in the pilot by *****2012.

12.0 Audit & Review

For the first year of the pilot this policy will be audited and reviewed after 3, 6 and 12 months. Thereafter they will be audited and reviewed annually unless otherwise required.

13.0 Appendices

APPENDIX I: Glossary & Definition of Terms

Appropriate & Necessary Information

'Appropriate & necessary information' is difficult to clearly define. The eight Data Protection principles offer a framework which help ensure that service users' information is managed respectfully and shared appropriately, balancing the benefits of sharing information and maintaining and strengthening safeguards and privacy of the individual.

The following pointers may assist staff members when they are requesting or sharing information:

- Is there a clear and legitimate purpose for requesting or sharing information?
- Why do you or the other person want the information?
- What is the outcome you are trying to achieve?
- Could the aims be achieved without sharing the information?
- Be open and honest with the person about why, what, how and with whom information will be shared and seek their consent, unless it is unsafe or inappropriate to do so.
- Refer to section 8.0 Limits to Confidentiality where in your judgement consent to share information is overridden in the interests of an individual or the public.
- Check consent to share information. All consent to share information forms should indicate:
 - Name of service/ organisation with which the information will be shared
 - Name of key worker/ family member/ friend with whom the information will be shared
 - Details of the specific information which will be shared and the reason for sharing it
 - Time period covered by the consent
- Ensure that all information you share is accurate, distinguishing between fact and opinion, is up-to-date and that it is shared in a timely and secure fashion.

Care Plan

A care plan is a documented agreement of a plan of action between the service users and service provider based on SMART (Specific, Measurable, Attainable, Realistic and Time-bound) objectives. Care plans should document and enable review of service users' needs, goals and progress across four key domains:

- Drug & alcohol use
- Health (physical and psychological)
- Offending
- Social functioning (including housing, employment and relationships)

A care plan should be brief and readily understood by all parties involved and should be a shared exercise between the service user and the service provider. The care plan should explicitly identify the roles of specific individuals (including the service user) and services in the delivery of the care plan. Care plans should be reviewed both routinely and when a change in the service user's circumstances makes it necessary.

Care Plan Meeting

A care plan meeting is any meeting which takes place between two or more agencies involving the service users in relation to the development or progression of the interagency care plan of a service user.

Care Planning

Care planning is a process for setting goals, based on the needs identified through an assessment, and planning interventions to meet those goals with the service user. Care planning is a core requirement of structured drug treatment.

Case Management

Case management is the process of co-ordinating the care of a service user who has a broad range of support needs to ensure that services are effectively managed through a shared care plan. Case management also encompasses resolving any gaps and blocks to service provision as they arise in any particular case. The case manager's role involves working with both the service user in a key working capacity and working with all other key workers involved in the service users shared care plan.

Case Manager

The named person who has the formal lead role in the management of inter-agency communication and the provision of co-ordinated care for the service user in question.

Confidentiality

All information that is obtained through the course of the DLR Rehabilitation Project organisational business and service provision is confidential and any staff member (either a paid employee or a volunteer) shall not at any time, whether before or after the end of their involvement, disclose such information in any form to any person without written consent. Exceptions to this are outlined under **Limits to Confidentiality**.

Limits to Confidentiality

Dun Laoghaire Rathdown (DLR) Drug Rehabilitation Pilot Partners

The Dun Laoghaire Rathdown (DLR) Drug Rehabilitation Pilot Partners comprise members of the Dun Laoghaire Rathdown Local Drug Task Force (LDTF) Treatment & Rehabilitation sub-committee. They are:

- Crosscare Homeless Services – Bentley House
- Dun Laoghaire Rathdown Community Addiction Team
- Dun Laoghaire Rathdown County Council Homeless Team
- Dun Laoghaire Rathdown Local Drugs Task Force
- Dun Laoghaire Rathdown Outreach Project
- Dun Laoghaire Vocational Education Committee
- FÁS – Loughlinstown
- Health Service Executive (HSE) Addiction Service - Dublin mid Leinster (DML)

Key Worker

The named person from any DLR Rehabilitation Project partner service who is assigned to work closely with the service user to provide interventions aimed at achieving the goals of the care plan which are relevant to their service.

Key Working

Key working is a process undertaken by the key worker to ensure the delivery and ongoing review of the interventions in the care plan which are relevant to their service. This usually involves regular meetings between the key worker and the service user where progress against the care plan would be discussed and goals revised as appropriate. The key worker is usually a member of the multidisciplinary team responsible for delivering most of the service user's care.

Depending on a service users need key working may involve developing a care plan which is relevant only to that service and key worker or, where a service user's need is more complex the key worker may form part of a broader intra or inter-agency care team who engage with the service user to address the variety of need.

National Drugs Rehabilitation Implementation Committee (NDRIC)

The NDRIC is charged with overseeing and the implementation of the recommendation made in the Report of the Working Group on Drugs Rehabilitation (The Rehab Report).

Rehabilitation

The broad definition of rehabilitation encompasses a structured development process focused on individuals, involving a continuum of care aimed at maximising their quality of life and enabling their re-integration into communities.

Shared Care Plan

Where there are multiple agencies involved in setting objectives with the service user, these should be combined to form a shared care plan, which the case manager oversees. (See Care Plan)

APPENDIX II: Service user confidentiality & consent to share information form (Collective for Case Manager)

Service User Confidentiality & Consent to Share Information Form (Collective for Case Manager)

We would like your permission to collect and share information between the workers involved in your care. We want to do this so we can understand your needs better, improve the service you receive and avoid having to ask you for the same information more than once. The information you give us will only be shared with the named persons involved in your shared care plan and other relevant persons from within those services. In limited circumstances information about you can be disclosed to third parties without obtaining your prior consent. These are outlined in our Confidentiality policy which has been explained to you

All services involved in your care plan must follow the principles laid out in the Data Protection Acts. These principles ensure that the information that services have is:

- Obtained and used fairly and legally
- Accurate, complete and up-to-date
- Kept safe and secure
- Adequate, relevant and not excessive
- Kept only for as long as is needed
- Available to you on request
- Used and kept only for the purpose for which it was given

Client Initials:

DOB:

My information can be shared with the following people and for the following reasons:

Name Organisation/ Service	Name of Key Worker Name of family member/ friend	Specify information to be shared and its purpose	Dates covered by consent

I agree that information which is relevant to my care may be shared with the named individuals/ services as outlined above. I understand that this agreement is valid for six months unless it needs to be reviewed at an earlier date. I understand that I can withdraw consent to share my information with any of the above at any stage.

Signature of service user _____

Date _____

Signature of Case Manager _____

Date _____

Name of Organisation _____

Please note the organisation named above is the data controller for the information collected on this consent form.

APPENDIX III: Service User Confidentiality & Consent to Share Information Form (Individual for Key Workers)

Service User Confidentiality & Consent to Share Information Form (Individual for Key Workers)

We would like your permission to collect and share information between the workers involved in your care. We want to do this so we can understand your needs better, improve the service you receive and avoid having to ask you for the same information more than once. The information you give us will only be shared with the named persons involved in your shared care plan and other relevant persons from within those services. In limited circumstances information about you can be disclosed to third parties without obtaining your prior consent. These are outlined in our Confidentiality & Sharing Information Policy which has been explained to you

All services involved in your care plan must follow the principles laid out in the Data Protection Acts. These principles ensure that the information that services have is:

- Obtained and used fairly and legally
- Accurate, complete and up-to-date
- Kept safe and secure
- Adequate, relevant and not excessive
- Kept only for as long as is needed
- Available to you on request
- Used and kept only for the purpose for which it was given

Name of organisation/ service	Name of Key Worker	Specify information this person can share with others and its purpose	Dates covered by consent

I agree that information which is relevant to my care may be shared by _____ (name of key worker) from _____ (name of service/ organisation) with others involved in my care as outlined above.

I understand that this agreement is valid for six months unless it needs to be reviewed at an earlier date. I understand that at any stage I can withdraw consent to share my information.

Signature of service user _____ Date _____

Signature of key worker/ case manager _____ Date _____