

# BIAN - Interagency Confidentiality Statement

## Interagency Confidentiality Statement

1. Every service user has the right to have information he or she supplies maintained in the strictest confidence. To that end, we do not release information to outside agencies or individuals without the direct consent of each individual service user.
2. However, there are some limits to confidentiality. The situations where confidentiality does not apply are:
  - a. If the worker has any indication that you are planning to injure or kill anyone
  - b. If the worker has any indication that you are planning to injure or kill yourself
  - c. If there is any indication whatsoever of child abuse
  - d. If the worker and/or the agency's files are required by law (subpoena, court order, ombudsman etc)
3. If you give us permission to share information about you (by signing the 'Interagency Consent for Release of Information Form'), we will only share what is essential to enable you to receive the most appropriate service.
4. We will tell you exactly what information is being shared about you and with which agencies (where feasible).
5. Information will not be passed from one agency to another without your consent.
6. Information may be shared with relevant persons within this agency on a need to know basis to support your care.
7. It has been discussed locally that the following service user information may be useful to share:
  - a) the interagency care plan (to other agencies involved) and information relating to identified needs/progress on the care plan (although the service user should be in attendance and voice their own needs),
  - b) attendance and engagement (whether a service user attends scheduled appointments or has engaged with other agencies),
  - c) shared calendar of appointments (so agencies are aware of other scheduled appointments that a service user has).
8. At any time, you may withdraw your consent, in writing, to the release of information about you.
9. You have the right to access any data held about you including a description of the purposes for which it is held and to whom it may be disclosed. This must be done by written request and a response received within a period of 40 days from receipt of the request.

Service user Signature \_\_\_\_\_ Date / /

Staff Signature: \_\_\_\_\_ Date / /

Agency Name: \_\_\_\_\_