

Confidentiality

DVR Training-2016



Today's Topics

- Why is this important?
- What can be shared without a valid release?
- What is a valid release?
- What is “Administration of the program”?
- What needs to be documented?
- How to use a valid release.
- Scenarios

Pre Test

- Please complete the pretest provided by the instructor and hold on to your responses.
- You have 10+ minutes to complete the test.

Why is this important?

- Federal and State regulations
- Professional licensing
- CRCC
- Ethical implications
- Respect and professionalism
- Customer service

Why is this important?

- Consumers should not be surprised when information is shared about them with others.



HIPAA vs. DVR

- RSA has determined that State VR Agencies do not fall under the Health Insurance Portability and Accountability Act (HIPAA).
- The activities conducted by VR Counselors in the State VR Agencies do not meet the criteria to fall under HIPAA.



When can information be shared without a valid release?

1. In the administration of the VR program
2. Verification to UI that the consumer is participating in DVR
3. Criminal Investigation
4. Child Support Investigation
5. Public Safety
6. To Report Child Abuse or Neglect
7. To Report Elder Abuse or Neglect
8. In response to a valid court order
9. For program monitoring purposes

What is a valid release?

A release is considered valid if it contains all the following information:

1. The name of the consumer whose record is being disclosed.
2. The type of information to be disclosed.
3. Who is making the disclosure.
4. The purpose of the disclosure. And,

What is a valid release?

5. The individual, agency or organization to which disclosure may be made.
6. The signature of the consumer or as appropriate legal representative or guardian.
7. The date on which the consent is signed.
8. The time period during which the consent is effective.

Messages

DVR Application:

Telephone Number <input type="text"/>	Cell Phone Number <input type="text"/>
Do you give DVR permission to leave a message at the telephone numbers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your preferred method of contact? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Other (Specify) <input type="text"/>	

What is “Administration of the program”?

- Purchasing services
- Coordinating services
- Securing comparable benefits with **Vendors, DWD programs, and other professionals.**

The sharing of information must be necessary for the purpose of the VR program and the consumer’s VR plan.

What is “Administration of the program”?

Includes contact information, confirmation of receipt of services, functional limitations/barriers to employment, disability information, progress updates, and other case information that is determined necessary. (The information shared must be necessary for the provision and purpose of the service.)

Only information that is necessary for the purpose at hand can be released.

Records marked “Not for Re-release” cannot be released.

How to use a valid release.

- DVR has a release of confidential information form available to ask for and receive records.
- How/When should it be used?
- How should it be explained?
- When do I use another release form?



How to use a valid release.

DVR Release-Top Section

<p>Send Records to:</p> <p>█</p>	<p>Department of Workforce Development State of Wisconsin Division of Vocational Rehabilitation</p> <p>Authorization for Release of Confidential Information</p>
<p>Person or Organization Authorized to Release Records:</p> <p>█</p>	<p>Name and Address of Subject of the Record:</p> <p>█</p> <p>Date of Birth: █</p> <p>IRIS Number: █</p>

How to use a valid release.

This form is **voluntary** and you are not required to give us personal data but DVR may need these records before we can provide services to you. **Records include verbal and written information.** DVR routinely shares data with the Social Security and Worker's Compensation programs. DVR also has agreements to share data as permitted by state and federal law. If records involve diagnosis or treatment of mental illness, developmental disabilities, alcohol abuse or drug abuse, you have the right to inspect and receive a copy of those records except for medication and somatic treatment. This right may be denied by the facility treatment director or designee in some circumstances. Reasonable fees for copies are allowed. If you need help to complete this form, ask the person who gave you the form or call DVR at 1-800-442-3477 (Voice) or 1-888-877-5939 (TTY).

Please check the appropriate box(es) below to indicate which records should be released

How to use a valid release.

DVR Release-Selection of items

and form, ask the person who gave you the form to call 1-800-725-8777 (Voice) or 1-800-877-8888 (TDD).

Please check the appropriate box(es) below to indicate which records should be released.

<input type="checkbox"/>	Medical Records including records of general health and of diagnosis or treatment of alcohol or drug abuse treatment, mental illness, or other mental impairment and HIV/AIDS treatment. Include the physician's signature and dates for diagnosis, treatment, and prognosis. <input type="checkbox"/>
<input type="checkbox"/>	Educational Records (including transcripts and school psychologist's report documenting impairment). <input type="checkbox"/>
<input type="checkbox"/>	Financial Information (including student financial aid packages). <input type="checkbox"/>
<input type="checkbox"/>	Psychological Testing (including vocational evaluations). <input type="checkbox"/>
<input type="checkbox"/>	Social History. <input type="checkbox"/>
<input type="checkbox"/>	Employment Records. <input type="checkbox"/>
<input type="checkbox"/>	Job Placement/Development Information for the purpose of securing employment: <ul style="list-style-type: none"> <input type="checkbox"/> Job applications and resumes. <input type="checkbox"/> References. <input type="checkbox"/> Contact me before sharing information with the following employers or service providers (list 'all' or any employers or service providers where you want to be contacted before sharing information). <input type="checkbox"/>
<input type="checkbox"/>	Other records listed here. Attach additional sheets if needed. Individual must sign and date attachments. <input type="checkbox"/>

Purpose For This Request And Limits Of This Authorization:

How to use a valid release.

DVR Release-Signature Section

If you have questions, call the sender. My signature is authorization for release of the records specified above. I understand that I may revoke this authorization, in writing, at any time except to the extent that information was released as a result of this authorization. Unless revoked, this authorization remains in effect until the time stated below. No further release of these records is authorized without my informed written consent except as provided by 34 CFR 361.38 and s. DWD 68, Wi. Adm. Code. If no expiration date is specified, the authorization expires one year after the date it was signed.

A photocopy or facsimile of this Release of Information Request is as valid as an original.

I understand I have the right to receive a copy of this release of information, the right to refuse to sign this release of information, the right to withdraw this release of information at any time, and the right to inspect a copy of the information obtained by this release of information.

This authorization expires on this specific date	<input type="text"/>
This authorization expires when this specific action occurs	<input type="text"/>
Consumer Signature (or Signature of Guardian if under 18 or court appointed)	Date Signed
If you are not the subject of the record, what is your relationship to the subject?	<input type="text"/>



Dates!

- **Expiration Date**-When the release expires and nothing can be released after that date.
- **Signature Date**-When the release becomes effective *AND* the date used to determine what records going *backwards* can be released.
- **Specific Action Date**-When the release expires and nothing can be released after that action.

Ongoing Release of Information

- This is not allowed. Don't be this person!

Please check the appropriate box(es) below to indicate which records should be released.

<input checked="" type="checkbox"/>	Medical records including records of general health and of diagnosis or treatment of alcohol or drug abuse treatment, mental illness, or other mental impairment and HIV/AIDS treatment. Include the physician's signature and dates for diagnosis, treatment, and prognosis.
<input checked="" type="checkbox"/>	Educational records (including transcripts and school psychologist's report documenting impairment).
<input checked="" type="checkbox"/>	Financial information (including student financial aid packages).
<input checked="" type="checkbox"/>	Psychological testing (including vocational evaluations).
<input checked="" type="checkbox"/>	Social History.
<input checked="" type="checkbox"/>	Employment Records.
<input checked="" type="checkbox"/>	Other records listed here. Attach additional sheets if needed. Individual must sign and date attachments. Two Way Communication Ongoing

Purpose For This Request And Limits Of This Authorization:
Case Management

If you have questions, call the sender. My signature is authorization for release of the records specified above. I understand that I may revoke this authorization, in writing, at any time except to the extent that information was released as a result of this

What needs to be documented?

- The name of the person or organization to whom the information was released,
- The identification of the information released,
- The purpose of the release, and
- The date of the release.

***In addition to the case note, the signed authorization for release of information must be attached to the casefile.**

Records Form 229

Complete this form whenever printed case file information is released or records are shared electronically.

- On a Records Notice (DVR-229-E) form indicate if records were withheld-and the source of those records.
- Calculate the costs and make arrangements for payment.
- Send a copy of the Records Notice (DVR-229-E) with the released records. *This is important as this form informs the recipient that the records cannot be re-released.*
- Have a manager certify the records (if that is what is requested).
- Have the completed form scanned into IRIS.

Release of Information to CAP

Covered under Administration of the program:

- OOS waitlist number.
- Case closure letter received and person states they never received any prior contact letters.
- Clarification of the client's rehabilitation status (open, closed, ineligible, on wait list).
- Consumer is requesting contact from DVR staff.
- Status of a purchase order (PO), expense reimbursement log (ERL), etc.

Release of Information to CAP

When CAP requests DVR case file: CAP will provide DVR with a *signed consent* form from the consumer.

- Time Concern?-The consumer can verbally or through email inform DVR that they want their case information shared with CAP.
- The case file record information can be shared for the time period CAP services are requested. The information provided to CAP may be information which was generated after the date the consumer signed the release of information form.

Release of Information to UI

- Verification to UI that the consumer is participating in a DVR sponsored training program leading to an employment goal.
- Allows for continued UI benefits.



Release of Information to Employer

- Basic unidentified information can be shared with Employers for job development (DWD 68.13)
- Client identifying information requires a release. (Job Placement/Development information section-ROI)
- Professional References-ROI
- Reference letters provided to consumer

Business Service Consultant

Strategies to make the ROI process easier:

- Provide multiple copies to a consumer you are working with and provide a SASE and instructions to send them in as needed.
- Get verbal consent when time limits are an issue. (Followed by a signed ROI)
- Make use of non identifiable information when meeting with business.

Scenarios

- A person calls the office and asks for information about their adult sons work with the agency.
- What information can be shared?



Scenarios

- A teacher from the high school calls the office and asks for a copy of an evaluation that was received from a Doctor.
- Can the evaluation be released?



Scenarios

- A release form is signed by the consumer but not by the guardian to release a report to a Managed Care Organization.
- Can the report be released?



Scenarios

- A Consumer misses an appointment and a call is placed to the consumers home. Someone other than the consumer answers.
- What information can be left with the individual?



Complete the Post-Test

- Lets Review....



Resources

- CRCC:

http://www.crccertification.com/filebin/pdf/CRCRCC_COE_1-1-10_Rev12-09.pdf

- Confidentiality Guidance:

http://dwd.wisconsin.gov/dvr/info_ctr/legal/confidentiality.pdf

- Forms-Form 229, ROI, OOS Letter:

<http://dwdworkweb/dvr/forms/default.htm>

