



Inspiring hope, growth, recovery and wellness in our communities

Confidentiality and Privacy

This form applies to: Volunteer/Interning Minors and Legal Guardians

Transitions Mental Health Association (TMHA) is responsible for the creation, storage, and transmission of Protected Health Information (PHI). State and federal law along with County policy require us to maintain the privacy of all client information. It is the responsibility of all employees, contractors, and visitors to ensure that PHI is private and utilized only for authorized purposes.

While on-site as a visitor or contractor, you may have incidental contact with Protected Health Information (PHI). It is your responsibility to maintain client privacy by avoiding PHI whenever possible and alerting a TMHA staff member of incidents where you are exposed to PHI.

Please note:

- ✓ PHI is any information that identifies one of our clients or links them to TMHA services.
- ✓ PHI can be written, electronic, or spoken.

If you come into contact with written PHI:

- ✓ Leave it where it is. Do not read it. Inform a TMHA staff person of the location of the written PHI and that it is exposed in your work space. The staff person will secure the PHI/potential PHI prior to you returning to the area.

If you come into contact with electronic PHI:

- ✓ If you are exposed to PHI or can see PHI (or anything you believe may be PHI) on a computer screen in your work space, do not read it. Inform a TMHA staff person that PHI may be able to be viewed on a computer in your work area. The staff person will secure the computer prior to you returning to the area. TMHA computers are for use only by TMHA staff who are authorized to use them.

If you overhear someone talking and you believe the conversation includes PHI:

- ✓ Interrupt the discussion and ask the individual(s) if they are sharing PHI. If they say yes, tell them that you are not authorized to see or hear PHI and ask if they can take the conversation elsewhere. Inform a TMHA staff person or supervisor that you overheard PHI. The staff person will ensure that the PHI/potential PHI cannot be overheard prior to you returning to the area.

I agree to comply with the standards set forth above. I understand that I will be visiting or working in an area where I may be exposed to PHI and I agree to take reasonable steps to avoid exposure to PHI. I further agree to report any exposure to PHI to a TMHA staff member.

Minor Name

Position/Title

Minor Signature

Date

I, the undersigned and legal guardian of the volunteering or interning minor, hereby agree to take full responsibility if my child or ward divulges any information or records concerning any client/patient without proper authorization in accordance with California Welfare and Institutional Code, Section 5328, et seq.

I recognize the unauthorized release of confidential information may make me, as legal guardian of the volunteering or interning minor, subject to a civil action under provisions of the Welfare and Institutional Code and Title 9, California Administrative Code, as follows:

W & I Code, Section 5330: Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning the person in violation of the provisions of this chapter, for the greater of the following amounts:

- (1) Ten thousand dollars (\$10,000).
- (2) Three times the amount of actual damages, if any, sustained by the plaintiff.

Any person may, in accordance with the provisions of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section.

It is not a prerequisite to an action under this section that the plaintiff suffers or be threatened with actual damages.

As stated in Title 9, California Administrative Code, Section 942, Oath of Confidentiality,

All Officers, employees, interns, and volunteers of TMHA shall sign an oath of confidentiality.

I, the legal guardian of the volunteering or interning minor, have discussed the above confidentiality and privacy policy with _____. As a condition of my minor child or ward performing duties as intern or volunteer of TMHA, I agree to take responsibility if my child or ward divulges to any unauthorized person any client/patient data information obtained from any facility at TMHA.

I recognize that unauthorized release of confidential information by my child or ward may make me subject to civil action under the provisions of the Welfare and Institutions Code, and may result in disciplinary action up to and including termination.

Legal Guardian's Name (Please Print)

Legal Guardian's Signature

Date

Program

TMHA Staff Member Signature

Date