## Working Together While Honoring Privacy Information Sharing & Confidentiality in APS

## **NAPSA 2020**

November 19, 2020



# Speakers

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## NAMING THE PROBLEM



# **Competing Interests**

- Sharing information to maximize assistance to client
- Preserving client privacy value of clients deciding what gets said about them
- •Being a "team player"
- Advocating for what the client wants

# Privacy

- Statutory and ethical constraints
  - What does your state statute and/or regulation say?
- Meaning of consent

## Influencers

6

State statute

Professional ethics

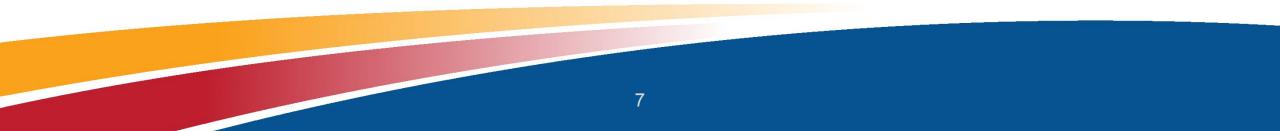
•Federal statutes (less impact on APS)

National Voluntary Consensus Guidelines for State Adult Protective Services Systems

Updated | March 2020



## National Voluntary Consensus Guidelines for State APS Systems



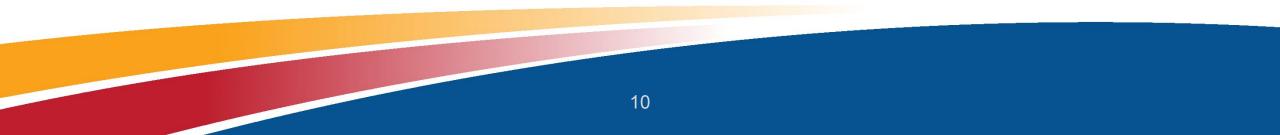
## FINDING SOLUTIONS: GETTING CREATIVE

# Strategies

- •Consent is the gold standard
- •What can you share without consent?
- •Explore MOUs and MOAs
- •Can HIPAA help?
- Check in with your counsel
- Lay out the "rules of the road"

## Consent

- •Role of consent
- •The "gold standard"

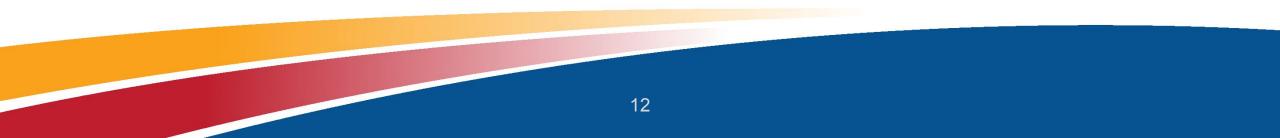


# Sharing What You Can

- Just because you can't share everything doesn't mean you can't share anything
- •Without using PII, you can discuss the broad strokes of a case

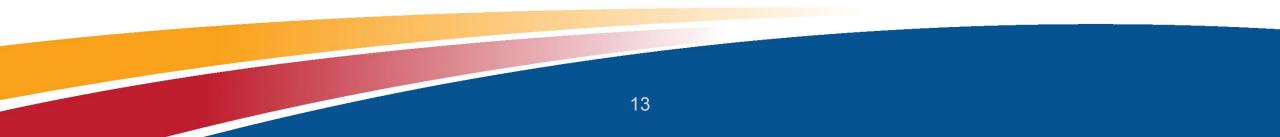
# MOUs and MOAs

Look to your agency's organizational chartLook into limited MOUs and MOAs



# Talk to your Legal Counsel

•You don't want to run afoul of state or federal law, so talk to your organization's counsel about any issues/questions



# **Be Person-Directed**

- •Keep your client's needs AND wishes top of mind
- If your client DOES NOT want specific services or to be talked about to another party, don't be squeamish about protecting their interests

14

- Exceptions in law enforcement/criminal acts situations

# **Explore Your Options**

- If you don't have consent to share your client's PII, you can still describe their functional status and needs
- •Once you have a plan in the works, go back to your client to present options and get their buy-in and consent

# Rules of the Road

- •Discuss all professional, legal, and ethical obligations
- •Some professionals may have more stringent requirements on what can be shared
- •Decide as a group what your rules are, and enforce them

## CONFIDENTIALITY AND APS PARTICIPATION IN MULTI-DISCIPLINARY TEAMS -

DEPARTMENT OF JUSTICE Elderjustice

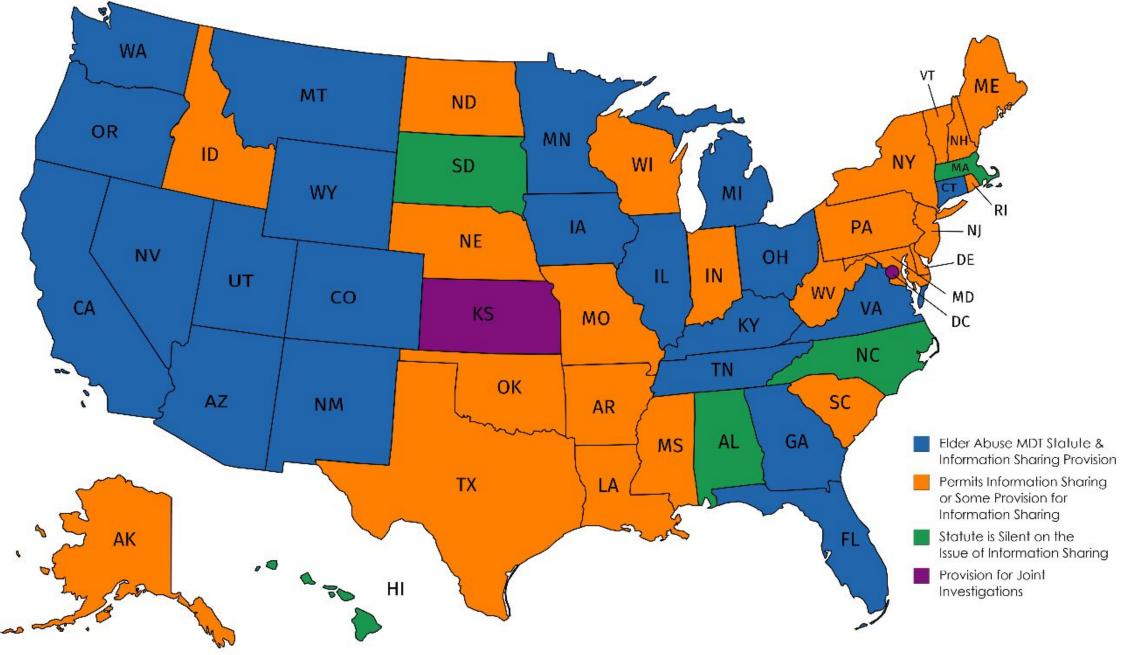
Information Sharing in the Context of MDTs

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> NAPSA 2020 NOVEMBER 19, 2020



## **Elder Abuse MDT Statutes**



## **OPTIONS/SOLUTIONS**

**Obtain Written Consent Obtain Agency Attorney Opinion** Adopt a Policy Statement Include an MOU Provision Allow Municipal Agencies Only Do Not Identify the Client **Provide Written Reminders Prohibit Note Taking** Avoid Discoverability

#### Take the Time

Be prepared to spend considerable time up front discussing these issues. This process takes more time than many anticipate and it may become frustrating for some members of the MDT. However, this groundwork is crucial for the functioning of the MDT.

#### **Translating Decisions into Protocols**

Eventually, your community may want to formalize decisions made about the issues discussed by writing protocols, which are documents that contain information about how the MDT is going to operate, i.e., the procedures. (For examples see the Toolkit item: Sample Protocols and Policies). Procedures describe the steps taken to complete a specific function in the day-to-day operations of the organization and are critical to well-functioning MDTs. Protocols should be somewhat flexible. Too much specificity contained in the protocols can be used against the MDT under certain circumstances.



#### Memorandum of Understanding (MOU) or Interagency Agreement (IAA)

Having recruited members for the MDT, many communities then use a memorandum of understanding (MOU) or an interagency agreement (IAA) to formalize the MDT.

#### https://www.justice.gov/elderjustice/5-ethical-legal-considerations



#### CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I.

, am signing this form for (FULL PRENTED NAME OF CONSENTING PERSON OR PERSONS)

#### (FULL PRINTED NAME OF CLIENT)

(CLIENT'S ADDRESS)		(CLIENT'S I	BIRTH DATE)	(CLIENT'S	SSN - OPTIONAL )
My relationship to the client is: Self					
I want the following confidentia	al information	about the	client (exce	pt drug o	r alcohol abuse
diagnoses or treatment information	tion) to be exe	changed:			
Yes No	Yes No	9980	Yes N	0	
Assessment Information Financial Information Benefits /Services Needed Planned, and/or Received Other Information (write in);	Mental	l Diagnosis Health Diag Records logical Record	gnosis	Psychiatri Criminal	nal Records ic Records Justice Records ent Records
I want:					
(NAME AND ADDRES And the following other agencie					9N.)

	Are More Agencies Listed on Back? YES 🔲 NC	
I want this information to he exchanged	ONLY for the following purpose(s):	
Service Coordination and Treatment 1	Planning 🔲 Eligibility Determination	
Other (write in):	A DECEMBER OF A	
I want information to be shared: (check	all that apply)	

Written Information I In Meetings or By Phone Computerized Data

I want to share additional information received after this consent is signed:  $\Box$  YES  $\Box$  NO This consent is good until:

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information.

I want all the agencies to accept a copy of this form as a valid consent to share information.

If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signature(s):			Date:
-	(CONSENTING PERSON OR ]	PERSONS)	8 (A.)(9)))
Person Explaining Fo	2011		
	(Name)	(Title)	(Phone Number)
Witness (If Required):			
5-14-92	(Signature)	(Address)	(Phone Number)
032-01-005			

#### UNIFORM CONSENT TO EXCHANGE INFORMATION FORM

FULL PRINTED NAME OF CLIENT:

# FOR AGENCY USE ONLY CONSENT HAS BEEN: Revoked in entirety Partially revoked as follows: NOTIFICATION THAT CONSENT WAS REVOKED WAS BY: Letter (Attach Copy) Telephone DATE REQUEST RECEIVED: AGENCY REPRESENTATIVE RECEIVING REQUEST: (AGENCT REPRESENTATIVE'S FULL NAME AND TITLE) (AGENCT ADDRESSAND TELEPHONE NUMBER 544-92 032-01-005

## Confidentiality: A Framework for SARTs

Whether the work of your SART includes active case management, case review, or systems consultation, any time case information is discussed, your members should be alert for potential confidentiality implications.

The framework below can help your SART institutionalize the practice of confidentiality in a way that facilitates multidisciplinary collaboration without breaching confidentiality or violating victim privacy.

## KNOW

The laws, rules, and regulations governing confidentiality PLAN

Team policies and practices around confidentiality PAUSE

Ensure discussion of case information does not breach confidentiality or violate victim privacy



# National Elder Abuse MDT Peer Support Community

A forum for team development and technical support

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Most Recent

#### Older Adult Mental Health Online Workshop

By: Shevel Mavins , 6 hours ago

Posted in: National Elder Abuse MDT Peer Support Community

Hello All, I am presenting an Older Adult Mental Health online workshop on October 29, 2020. In my career, I have seen many elderly people being taken advantage of due to their mental health status because they are an easier target. Please see more ...



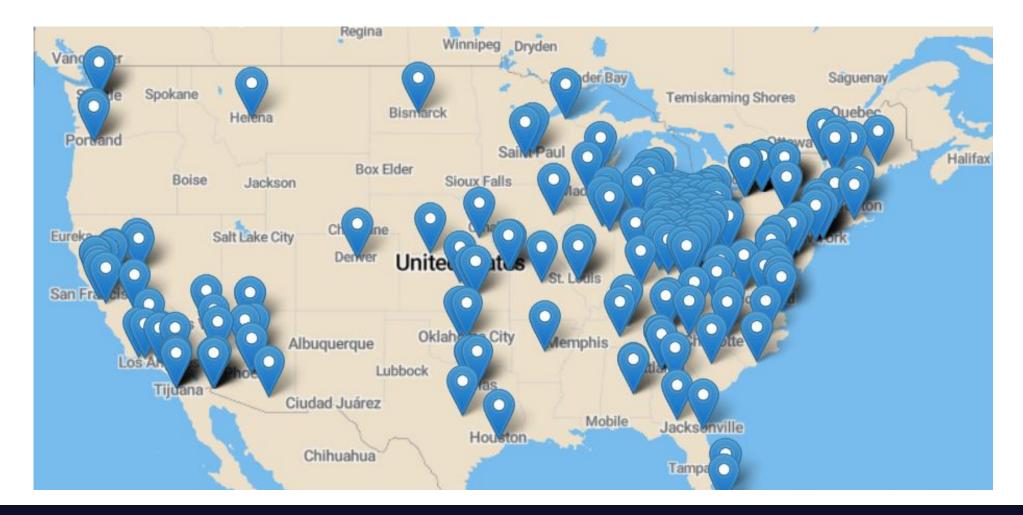
D.C. Bar Aging & the Law Institute - next week (9/ ... By: Amy Mix , yesterday

Posted in: National Elder Abuse MDT Peer Support Community

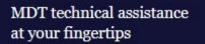


## Network Locator Map

Talitha.J.Guinn-Shaver@usdoj.gov









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#### MDT TAC

Learn more about the mission, services, and resources available through the MDT TAC



Network Locator Map

Request to be included in the Elder Justice Networks Locator Map



MDT Resources

Strengthen your team with resources for multiple disciplines



MDT Webinars Keep up with MDT TAC activities.



#### MDT Guide & Toolkit

Start or grow a local elder abuse case review MDT with this research and resource rich toolkit



MDT Peer Support Listserv Community

Connect with and learn from other elder abuse MDTs

## elderjustice.gov/mdt

## Contact

Call or email your requests for materials or to schedule an appointment.

Talitha Guinn-Shaver MDT Technical Advisor US Department of Justice 202-532-5344 Talitha.J.Guinn-Shaver@usdoj.gov

Elder Justice







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## Adult Protective Services Technical Assistance Resource Center

26 https://apstarc.acl.gov/





NCEA & CO



#### Welcome to the National Center on Elder Abuse



# Let's Discuss Issues Across Contexts

- •What issues have you encountered?
- •What have you attempted?
- •What has worked, or not?
- •What successes have you had?



