
Confidentiality Policy

MEWA Health and Harm Reduction Unit

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1.Responsibility for approval of policy	<i>CEO-MEWA</i>
2.Responsibility for implementation	<i>Abdalla Badhrus</i>
3.Responsibility for ensuring review	<i>Abdalla Badhrus</i>

1. Policy Statement

Confidentiality is a central and integral part of the *MEWA Health and Harm Reduction Unit*. *MEWA Health and Harm Reduction Unit* is committed to ensuring that all service user information is managed in line with accepted good practice and relevant legislation.

2. Purpose

- 2.1. To ensure that the confidentiality of people using the services of the organisation is protected in a consistent and appropriate manner.
- 2.2. To provide staff, volunteers and service users with the organisation's understanding of confidentiality; clear guidelines regarding handling of information, including the extension of confidentiality; and assign responsibilities for the management of confidentiality.

3. Scope

- 3.1. This policy covers all *MEWA Health and Harm Reduction Unit* employees, locums and volunteers.

4. Glossary of Terms and Definitions

- 4.1. Confidentiality
All information that is obtained through the course of organisational business and service provision is confidential, and an employee/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 in – point 9: Limits to confidentiality.
- 4.2. Extension of confidentiality
In certain circumstances information can be passed on to a third party without the consent of the individual whose information it is. These circumstances are described in legislation and relate to the safety of the individual or others.

5. General

- 5.1. Confidentiality can never be absolute and therefore absolute confidence can never be guaranteed.
- 5.2. All service users are to be made aware of the project's confidentiality policy. Service users will have access to this confidentiality policy.
- 5.3. All service users have the right to have a copy of any information held regarding them by *MEWA Health and Harm Reduction Unit*. This must be requested in writing by the service user, and will be dealt with by the Centre Manager, all requests will be responded to within ten working days.
- 5.4. Confidentiality is between the service user and the organisation. It is not between the service user and any particular member of staff. Following this case specific information will be shared with the staff team as relevant and necessary.
- 5.5. No information about a service user will be passed on to any third party except in the following cases:
 - 5.5.1. Where consent has been obtained.
 - 5.5.2. Where there is a legal obligation to extend confidentiality.
 - 5.5.3. Where a decision is taken by management to extend confidentiality as per the terms of this policy.
- 5.6. All service users have the right to withdraw consent for the sharing of information at any time, except where there is a legal obligation for confidentiality to be extended as outlined in section 9.
- 5.7. All service user files are to be kept in a secure place within the organisation. Employees/volunteers are expected to exercise care to keeping safe all documentation or other material containing confidential information.
- 5.8. 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.

- 5.9. Computer files should be password protected with the password held only by staff members involved in relevant service provision.

6. Roles and Responsibilities

MEWA Health and Harm Reduction Unit is responsible for ensuring that all staff and volunteers involved in dealing with confidential information and data receive appropriate training, supervision and support regarding the policy and their legal responsibilities.

6.1. Centre Manager Responsibility:

The manager is responsible for ensuring that a copy of this document is available to all staff and volunteers and is available to users of the service. It is the responsibility of the manager to ensure that all staff sign to confirm they have understood the confidentiality policy and that they receive training as necessary.

6.2. Individual's Responsibility:

All staff and volunteers are required to act in accordance with the policy, failure to do so will be considered as an act of gross misconduct and will result in disciplinary action.

7. Informing Service Users

7.1. All service users should be made aware of the following:

- 7.1.1. Confidentiality is between the individual and the organisation; information will be shared with the staff team.
- 7.1.2. Their right to have a copy of all information concerning them and that they will need to request this in writing, which staff can support them to do.
- 7.1.3. Circumstances in which confidentiality may be extended, see point 9.
- 7.1.4. Their consent to share information can be withdrawn at any time.

7.2. This information should be imparted at the point of initial assessment by the staff member undertaking this work.

8. Obtaining Consent to Share Information

8.1. Information held by the organisation, and not independently available to a third party, cannot be disclosed without the individual's written consent.

8.2. Consent must be sought in writing using a standardised consent form. Thereafter it should be sought verbally. The service user should be informed each time information regarding them will be shared with a third party.

8.3. The consent form should stipulate:

- 8.3.1. The third party with whom the information is to be shared
- 8.3.2. The timeframe that the consent form applies to
- 8.3.3. The organisations covered by the consent form
- 8.3.4. The date and signature

8.4. The service user should verbally be informed of:

- 8.4.1. The third party with whom the information is to be shared
- 8.4.2. Whether the third party has a confidentiality policy
- 8.4.3. The reason for sharing the information
- 8.4.4. That *MEWA Health and Harm Reduction Unit* has no control over the information once it is given to a third party.

9. Limits to Confidentiality

9.1. Confidentiality can never be absolute and therefore absolute confidentiality can never be guaranteed. Limits to confidentiality exist to protect workers from withholding information that may require immediate action in the interest of public or individual safety.

9.2. Application of extensions of confidentiality will in all cases be decided by *MEWA Health Board*, in their absence this decision will be delegated to the most senior staff person.

9.3. Confidentiality may be extended when a service user discloses that:

- 9.3.1. They have perpetrated sexual / physical abuse on another person
- 9.3.2. They intend to perpetrate sexual / physical abuse on another person

- 9.3.3. Any other issues in relation to Child Protection
 - 9.3.4. They have committed a criminal act
 - 9.3.5. They intend to commit a criminal act
 - 9.3.6. They have self-harmed / attempted suicide and at risk of causing harm to self
 - 9.3.7. They intend to self-harm / attempt suicide
- 9.4. In the event of a disclosure of any of the above, the staff member should inform the service user that they will need to report the issue to their Centre Manager. If it is necessary to pass on the information the service users' consent should be obtained if possible. If this is not possible, the service user should still be informed of the decision to share information, if possible.
- 9.5. Other situations where consent may be extended:
- 9.5.1. As required by law, including though not limited to court appearances.

10. Sharing Information with Other Organisations

- 10.1. In all cases, requests for information from organisations must be accompanied by a written consent to share information form. If one is not provided the request should be directed to the *MEWA Health Board*.
- 10.2. If *MEWA Health and Harm Reduction Unit* is requested to write a service report, where possible this will be shown to the service user for comment prior to it being sent.
- 10.3. 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 user attendance or presence in the service should not be confirmed without service user consent.
- 10.4. If a staff member is aware of pertinent information relating to the service from sources outside *MEWA Health Board*, this information should be taken to the line manager before being passed onto colleagues. If service user consent to share information can be granted in this instance that should be done.
- 10.5. Staff members called to give evidence in court should contact *MEWA Health and Harm Reduction Unit*, who will provide support in this area.
- 10.6. Any requests for service user involvement in research, evaluation or for other data collection purposes need to ensure complete confidentiality.
- 10.7. All requests for service user involvement in research or evaluations etc, by external agencies must be approved by *MEWA Health and Harm Reduction Unit* prior to these being facilitated by staff or displayed within the organisation.

11. Wrongful Disclosure

- 11.1. Wrongful disclosure can occur in at least two ways. It can be by either act or omission. The first would be where confidential information is deliberately passed on to a third party. The second would be where confidential information is disclosed to a third party through negligence.
- 11.2. Wrongful disclosure will be considered as an act of gross misconduct and will result in disciplinary action.

12. Data Protection Responsibilities

- 12.1. In addition to the duty of care regarding confidentiality outlined above, the Data Protection Acts imposes legal obligations on *MEWA Health Board*, its staff and volunteers. *MEWA Health and Harm Reduction Unit* takes seriously its responsibilities and is aware of and acts in accordance with the following eight Data Protection 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
 - 8. Allow individual's access to their personal data, on request

13. Email, Fax and Phone Usage in Relation to Confidentiality

13.1. Phone usage

Care should be taken not to unintentionally disclose 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.

13.2. Fax usage

Faxed messages containing sensitive case information should only be sent to specified individuals at confirmed numbers. All faxes should contain cover sheets stating the person whom the fax is intended for.

13.3. Email usage

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

14. Service User Request for Information

14.1. If a service user wishes to have access to their file, they need to complete a written request; staff can assist with this.

14.2. The request will be processed by *MEWA Health and Harm Reduction Unit* who will process the request within ten working days.

14.3. In this case care will be taken to ensure that any information relating to other individuals that is held within the service users file (i.e. in letter from an external agency that relates also to other family members) is blanked out.