

NAMI PINELLAS COUNTY, FLORIDA, INC.

DATE IMPLEMENTED: 04/30/2013

DATE REVISED: 01/17/2014

POLICY NUMBER: 100-03

CONFIDENTIALITY

PURPOSE: This operating procedure establishes guidelines for maintaining confidentiality in all programs and services.

POLICY: It is the Policy of NAMI Pinellas County to ensure that confidential information shared in support groups, education classes, meetings or social gatherings is not shared with other staff, volunteers, Board members, consumers or outside agencies.

PROCEDURE:

1. NAMI Pinellas County, Florida, Inc. employees, interns, Board members and volunteers will maintain confidentiality relating to all activities, names, personal information, etc. during and after their employment, internship and volunteerism with NAMI.
2. All consumer and family information is to be kept in strict confidence and will not be discussed with anyone outside of the agency. This policy will apply to all current, former and future consumers and family members.
3. Since NAMI does not have “clients” per se, as is typical in most human services provider organizations, this policy relates to the consumers we serve in our education and support programs, the family members who participate in classes or support groups, and the individuals who volunteer to facilitate groups or assist with NAMI-related events.
4. If any consumer or family member would like any NAMI staff or volunteer to discuss their situation with someone outside the organization, they must sign a Release of Information form in order to give NAMI the authority to discuss them with other community agencies. (The most current version of this form is attached to this policy.)
5. Any violation of confidentiality may result in immediate termination for employees, as well as for volunteers.
6. Due to the nature of our services, and we do not have a client base, there is no need to maintain files with any protected health and mental health information on those who participate in our classes or programs.
7. Staff and active volunteers will be trained by the Executive Director or an officer of the Board of Directors within one week of their hire date, or at their first Board meeting or volunteer activity, using this policy on confidentiality requirements and practices. At the conclusion of this training, they will be asked to review this Confidentiality Policy and sign and date the Agreement of Confidentiality herein.

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8. A signed Agreement of Confidentiality will be kept in each employee's personnel file. All agreements signed by volunteers and Board members will be kept in a separate file in the administrative offices.

AGREEMENT OF CONFIDENTIALITY

I, _____, as an employee, intern, Board member or other volunteer
(please print name)
of NAMI Pinellas County, Florida, Inc., agree that all information regarding consumers or family members will be kept in strict confidence during and after my employment, internship or volunteerism. I have completed training regarding NAMI Pinellas County confidentiality requirements and understand that it is the legal right of every program or service participant to have any information regarding them to be kept confidential. I understand that a copy of this form will be kept on file in the NAMI administrative offices. I also understand that any violation of confidentiality is grounds for immediate dismissal.

Signature

Date

NAMI PINELLAS COUNTY, FLORIDA, INC.

RELEASE OF INFORMATION

I, _____, authorize NAMI Pinellas County, Florida, Inc. to release
(please print name)

protected mental health-related information for the purpose(s) listed below to the person or agency indicated below. I request that this release of information pertains only to the topics indicated and that the recipient of the information does not re-release to other sources.

The expiration of this authorization shall be six months from the date signed or, alternatively, on _____.
(please indicate date)

INFORMATION TO BE RELEASED:

PURPOSE OF INFORMATION RELEASED:

PERSON AND/OR AGENCY AUTHORIZED TO RECEIVE INFORMATION:

SIGNATURE

DATE

WITNESS SIGNATURE

DATE