Confidentiality and Collaborative Communication

Open Door Initiative

“The ideal would be to collaborate with other providers.”

November 2012

This project is supported by Grant No. 2008-FW-AX-K009 “Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program” awarded by the Office of Violence Against Women, U.S. Department of Justice.

The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the view of the Department of Justice, Office on Violence Against Women. This publication is intended to be used to provide background information and is not intended to provide legal advice. Specific questions regarding issues involving confidentiality and compliance with federal and state laws and regulations should be referred to legal counsel.
# Table of Contents

Open Door Initiative ................................................................. 1
  Mission ................................................................................. 3
  Vision .................................................................................. 3

Purpose and Use .......................................................................... 4

The Importance of Confidentiality ............................................... 5

Collaborative Communication: Tips for Partner Agencies and Releases of Information
  CenterPointe ............................................................................ 9
  Community Mental Health Center .......................................... 13
  Friendship Home ..................................................................... 16
  St. Monica’s ............................................................................ 19
  Voices of Hope ....................................................................... 22

Protecting Client Confidentiality: Different Legal Obligations, Policies, and Practices of the Partner Agencies .................................................. 25

Appendix ................................................................................... 31
The Open Door Initiative

In October of 2007 the Office on Violence Against Women (OVW), U.S. Department of Justice awarded a three-year grant to five community-based agencies to improve the community’s response to survivors of domestic violence who also experience mental health concerns and/or substance use issues. The purpose of the grant was to create positive sustainable systems change for survivors of domestic violence who have mental health concerns and/or substance use issues.

- **Friendship Home** provides a continuum of safe, confidential shelter and support options for women and children experiencing domestic violence. The rich array of strength-based services includes emergency and transitional shelter, crisis intervention, counseling, case management, support groups for women and children, education about domestic violence, information about community resources, advocacy, and ongoing support after women and children leave the shelter.

- **Voices of Hope** provides 24-hour crisis services for survivors of domestic violence and sexual assault. Voices of Hope provides the following services: a confidential, 24-hour crisis line; 24-hour advocacy in response to calls from hospital emergency departments and law enforcement for assistance with a victim; crisis and short-term counseling; support groups for adult victims of domestic violence, sexual assault, and incest; legal advocacy; assistance with protection orders; community awareness; and professional training to individuals and groups who work with victims of these crimes.
• **Community Mental Health Center** (CMHC) of Lancaster County is dedicated to providing quality mental health care and rehabilitation services for adults who experience acute psychological distress or serious mental illness. Services of CMHC include: medical services; outpatient therapy; partial hospitalization program; community support services; inpatient psychiatric evaluation; sex offender program; 24-hour crisis intervention; day rehabilitation; homeless/special needs outreach; peer, volunteer, and student placement; and the Open Studio/Writer’s Workshop.

• **St. Monica’s** provides gender-specific, trauma-informed substance abuse and mental health treatment to women diagnosed with drug or alcohol dependence. Services include the following: outpatient and intensive outpatient programming; short- and long-term residential treatment; including residential treatment in which women are able to reside with their children; medical services including psychiatric assessment and medication management; community support; family therapy; and early childhood care.

• **CenterPointe, Inc.** offers a continuum of care to persons with co-occurring mental health and substance use disorders using integrated and simultaneous treatment for both disorders. Services include outpatient counseling, case management, and day rehabilitation along with housing programs. CenterPointe also provides adult and long-term residential treatment for co-occurring disorders, as well as short-term residential substance use treatment services for adults.
Mission

The mission of the Open Door Initiative is to transform services in Lancaster County into a seamless, responsive, and sustainable system that fully meets the needs of women who are survivors of domestic violence with mental health concerns who may also experience substance use issues. Within and among our collaborating agencies, we will promote and foster:

- A culture that honors and empowers the women we serve.
- A nimble collaboration that is innovative, intentional, and ethical in its communication.
- Knowledge of these co-occurring issues that ensures integrated and individualized services.
- Environments that are physically and emotionally safe.
- Policies and practices that promote accessibility and safety.

Vision

The vision of the Open Door Initiative is that women in Lancaster County who are survivors of domestic violence with mental health concerns who may also experience substance use issues will be welcomed into an empowering, inclusive, respectful environment when they access our services. Regardless of which agency door they open, women will access a rich array of comprehensive, individualized, seamless services and will be safer as a result of our collaboration.
Purpose and Use

This publication was created in response to your needs and concerns as providers working with women in our community who have experienced domestic violence, mental health concerns and/or substance use issues. These needs and concerns were expressed during the Open Door Initiative’s Needs Assessment conducted between August and November 2010. At this time, focus groups and interviews were held at all five partner agencies: Friendship Home, Voices of Hope, Community Mental Health, CenterPointe, and St. Monica’s. The goal of the Needs Assessment process was to identify strengths and gaps in services for women so that we could strengthen our ability to work collaboratively for the best interests of each woman, regardless of which agency door she entered.

The good news is that we as providers are unified in our wholehearted and genuine commitment to protect women and maintain their confidentiality. This commitment goes beyond a need to follow legal requirements to an ethical responsibility to protect women, to build trusting relationships, and to respect their autonomy and right to make decisions about how their personal information is shared. Universally, providers from domestic violence, mental health and substance use treatment agencies agree on the critical importance of confidentiality.

This publication is an attempt to respond to the need for a clear understanding of the different confidentiality requirements applicable to the partnering agencies as well their practices regarding client information. Partners expressed a need to understand why these differences in confidentiality practices seemed to create barriers for information sharing. For example, a provider from Agency A may send a signed release of information form to another provider, Agency B, expecting an immediate response. What Agency A may not realize is the Agency B may not be able to respond at all until Agency B have their own agency’s release form signed by the client or guardian. These delays may result at times in a lack of trust with other agencies, a decrease in collaboration, and a breakdown in the referral process.

“I think confidentiality is really important to all of us. But how we practice it is different, and not everyone understands those differences.”
Provider

“It’s frustrating when you want to help a client, but can’t talk to another provider, even when you have a release. It would help to know what the confidentiality requirements are for other agencies, just to improve communication.”
Provider

1 Domestic violence is experienced by women and men. This publication is focused on the needs of women who are survivors of domestic violence funded by the “Education, Training, and Enhanced Services to End Violence and Abuse of Women with Disabilities Grant Program” awarded by the office of Violence Against Women, U.S. Department of Justice.
This publication has been designed to address a critical need for a basic understanding of the laws that apply to different types of service providers. It is also intended to provide background on the different confidentiality policies and practices of the partner agencies. This publication will strengthen the collaboration between partner agencies. Our hope is that reading this guide will help you to appreciate our unique differences while recognizing that we also share the same common goal of assisting and empowering women who have experienced domestic violence, mental health and substance use issues.

This publication is divided into sections, designed to facilitate collaboration and protection of victim confidentiality. It is not intended to be an authoritative guide on the many complexities within confidentiality practices. Rather, it is meant to be a background resource to help you understand how partner agencies handle confidential information. You will find practical tips from each partner agency, offering you helpful information about how to collaborate most effectively with their specific agency whether they are domestic violence agencies, mental health agencies or substance use treatment agencies. You will find a sample of each agency’s release of information form. And you will find a summary of relevant and helpful information about confidentiality. Last, you will find an appendix with key terms, legal terms and codes of ethics used by each discipline.

This publication is intended to be the starting point for understanding and improving collaboration among all of our partner agencies. We hope to build from this foundation in the future. Women standing at the intersection of domestic violence, mental health, and substance use issues deserve a response that includes a collaborative approach from all of us. Each partner agency has a specialization that can be used to assist victims in a unique way. We hope that by reading this guidebook, you discover that our similarities far outweigh our differences.

Use this publication as a roadmap to chart methods to enhance collaborative services that offer survivors the safety, dignity, respect and variety of services needed to resolve complex issues. Collaborative efforts are essential for our clients, our agencies, and our communities.

The Importance of Confidentiality

“At its most basic level, confidentiality equals safety.”

Domestic violence has a long history in the United States. It is a crime that crosses all race, class and cultural lines, and it is unique because the crime occurs in an interpersonal relationship. The problems and difficult choices all battered women face are complicated by the fact that battered women may stand at the intersection of several different identities which may include being domestic violence survivors and having substance use issues and/or mental health concerns. Rarely can a woman struggling with any of these issues receive all the assistance she needs from one agency.
The multitude of problems faced by battered women requires that advocates and counselors identify collaborators in the community with whom they can work to facilitate the survivor’s access to justice, health, and safety. When agencies that provide services for these challenges collaborate, battered women have the best chance to obtain the help they need. Each collaborative agency has a specialization that qualifies the agency to assist battered women in a unique way and helps victims benefit from comprehensive services provided by diverse specialists.

**Confidentiality is key to safety**

"Confidentiality is key to keeping battered women safe and represents the cornerstone of all successful advocacy and shelter programs. At its most basic level, confidentiality equals safety" (Kunce Field, Goelman, Hart, Lee, Murphy, Tolhurst, & Valente, 2007, p. 3). When private information is shared, there is a shift in the balance of that relationship from the person sharing the information to the person receiving it. How that information may be used or revealed to others directly impacts the battered woman’s safety, her ability to be autonomous, and her willingness to seek justice or have confidence in the service providers (Kunce Field et al., 2007).

**Confidentiality is a key professional obligation**

Confidentiality is one of the most fundamental of all professional obligations in counseling. It is universally viewed as being essential to the counseling relationship. Clients or guardians need to know that they can trust their counselors to respect their privacy, and the counselor’s confidentiality pledge is the cornerstone on which this trust is built (Herlihy and Corey, 2006). Confidentiality is a strong force that helps shape the manner in which counselors relate to their clients or guardians. Confidentiality is based on four premises:

- Respect for client autonomy – Counselors honor their clients’ ability to be self-determining and to make choices about their own lives.

- Respect for human relationships - Counselors honor human relationships and the secrets that certain types of relationships entail.

- Pledge of silence – The offer of confidentiality is extended by the counselor to the client or guardian and obligates counselors to actively work to protect clients’ secrets from disclosure.

- Utility – Clients or guardians would be reluctant to seek help without an assurance of privacy. Society gives up its right to certain information in exchange for the benefit that is gained when its members improve their mental health (Bok, 1983).

Advocates and therapists must remember that a client’s information belongs to the client and, subject to limited exceptions specified by law, she or her guardian must consent before her information can be shared with anyone else.
Confidential and Privileged Communication

A confidential communication is a statement made under circumstances demonstrating that the battered woman intends her words to be heard only by the person she is addressing. A privileged communication is a statement made by a certain person within a recognized, protected relation, which the law protects from forced disclosure. A confidential communication may be privileged, depending on the relationship between the parties and the circumstances in which the statement is made. When and how confidential information is protected varies among the states. Nebraska does have a law providing for privileged communication between domestic violence advocates and their clients. Neb. Rev. State §§29-4201 et seq.

Confidentiality and collaborative services

Providers of domestic violence, mental health and substance treatment services have experienced the negative consequences of fragmented and un-integrated service systems. Some providers and advocates have created informal collaborations with providers in the other disciplines, but more formal connections in which the partner agencies plan and work together will greatly improve the collaboration of services. The federal grant that supports the work of Open Door Initiative allows agencies to build a formal structure and process to oversee the development of a collaborative infrastructure of services that are:

- Trauma-Informed – recognizes that many people have experienced traumatic events in their lives so treatment must be provided in a sensitive, supportive, and respectful manner.
- Client-centered – focuses on meeting clients “where they are” and matching their needs with appropriate services as opposed to fitting clients into a predefined program.
- Holistic – offering comprehensive services from a variety of agencies that are designed to respond to a client’s multiple needs: substance use, mental health, domestic violence.
- Flexible – the mix of services change as the client’s needs change.
- Collaborative – Multiple agencies work together on behalf of a client without the funding or “turf” issues that may interfere with providing assistance.
- Coordination – Services from multiple agencies are included in individualized service plans for each client.
- Accountable – Encourages client input to the comprehensive treatment plan and adheres to the standards or accepted best practices for treatment and advocacy.

(SAMHSA, Treatment Protocol NBK26162, Chapter 6)

“Efforts to link and integrate community resources are essential – not only to ensure that the needs of individual survivors and batterers are met but also to raise public awareness and to begin to create the coordinated community response that is necessary for change. Coordinated intervention is crucial “(SAMHSA Treatment Protocol, Chapter 6, p. 1). Linkages also help each agency fulfill its own mission. Increasingly, programs are looking to strong collaboration with other service agencies to meet their clients’ needs. Few agencies
have all the resources needed to address all of the problems faced by clients who are affected by domestic violence.

**Collaboration and challenges to confidentiality**

One of the challenges of creating multiple-discipline collaboration of services is that confidentiality and informed consent practices vary among fields. There may be conflicting beliefs about the level of personal responsibility assigned to clients. Small grassroots programs may have difficulty following the formal procedures required by larger organizations. There may be differences in documentation procedures, especially in light of state privileged communication laws. Small agencies may also lack the staff to handle a large influx of referrals from other disciplines. A potential philosophical conflict surrounds the requirements imposed by the mental health and substance treatment agencies to diagnosis clients in order to gain payments for services rendered. Domestic violence advocates argue that there are no psychological markers for becoming a victim of domestic violence (Hotaling and Sugarman, 1990).

However, certain characteristic symptoms are seen in many people following traumatic life events. Some battered women experience these symptoms as a result of violence-associated trauma and they are normal psychological responses to stressful life events. These symptoms often dissipate as women achieve greater safety from the abuse (SAMHSA, Treatment Protocol NBK26162, ch. 6).

Federal laws affect policies and procedures for disclosure or release of client information. In general, domestic violence programs adhere to the rules set forth in the Violence against Women Act (42 USC 13925b(2)), the Crime Victims Fund (42 USC 10604), and the Family Violence Services and Prevention Act (42 USC 10402). Substance treatment agencies generally ascribe to the codes of Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2). Health and mental health treatment agencies use the Health Insurance Portability and Accountability Act or HIPAA (42 U.S.C. 1320d-9 and the relevant regulations 45 C.F.R. 164.512 ). Dual diagnosis programs must comply with both HIPAA and 42 CFR Part 2 regulations.

In addition, the disciplines represented in this collaboration are accountable to a variety of Professional Codes of Conduct, all of which are designed to protect client privacy and confidentiality. Abiding by these codes is necessary to ensure continued agency funding.

**Coordination of confidentiality summary**

In order for mental health and substance treatments and domestic violence advocacy to be successful, the disciplines must pool their resources and energies to address the complexities of matching multidisciplinary services to complex client needs.

Remember, the information is the client’s or guardian’s information. The client or guardian retains the right to choose when, how and what personal information will shared, or not shared, and with whom. Agencies and providers are responsible for respecting and honoring the victim’s wishes and safeguarding any of the client’s information that they collect or hold (Kuncie Field, 2010).
Collaboration with CenterPointe: Tips for Partners

Contact Information:

2633 P Street, Lincoln, NE 68503 Phone: (402) 475-8717 www.centerpointe.org
E-mail: info@centerpointe.org

Helpful information for you to know about CenterPointe:

- Treatment at CenterPointe combines elements of both mental health and substance use treatment into a unified and comprehensive continuum of care for people with co-occurring disorders. Both disorders are treated as primary.

- Services include long term co-occurring residential treatment for adults, and short term residential for adults. Non-residential services include ACT (assertive community treatment), Outpatient Counseling, Community Support, Day Rehabilitation, and Medication Management.

- We have four different locations and multiple housing projects including Veterans Transitional Housing and limited housing for families with children.

- Before an individual can be admitted to services, staff need to assess eligibility and appropriateness for level of treatment. CenterPointe outpatient services does provide a screening once a week on Tuesday mornings. This is not a full assessment; it is an initial screening.

- Not only do we have to abide by HIPAA rules, but because we provide substance use treatment, CenterPointe has to abide by 42 C.F.R Part 2 which protects information regarding patients of drug and alcohol treatment².

- CenterPointe is very cautious about identifying any client who receives our services. Anyone calling our main office or any of our program locations will be told “we cannot confirm or deny” any person is receiving our services.

² Please refer to pages 26-27 of this publication for the confidentiality practices of mental health and substance abuse treatment agencies based on the federal laws and requirements of the Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2.
When partner agencies can call without a release of information:

- When you need general information regarding the services we provide at CenterPointe.
- When you need general guidance about situations in working with individuals who are experiencing co-occurring disorders.

When partner agencies have a release of information and want to communicate about a client of CenterPointe:

- Written consent is required by the client or guardian for all disclosures of client information which identifies him or her as a client of CenterPointe.
- Once the release is signed we can communicate with a partner agency about client information that the client or guardian has authorized to be released.
- Our releases of information are valid: A) one year from the date signed; or B) 30 days from the date the person stops receiving services from CenterPointe; or C) when the purpose for the consent has been fulfilled.

CenterPointe looks forward to working collaboratively to provide integrated services for survivors with mental health concerns and/or substance use issues.
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ___________________________ (Client Name)

authorize CenterPointe to disclose to ___________________________ (Name of person or Organization to which disclosure is to be made)

the following information in written and verbal form:
(the nature and amount of the information to be as limited as possible)

Initial each category as it applies

My name and other identifying data
Initial screening and presenting problems
Psychiatric History/Assessment/Medications
Medical information and lab results
Abuse/Mental Health Assessment results
Summary of treatment plan, progress, significant events
Attendance

Legal History
Social History
Housing/Living Arrangements
Urine-analysis results
Substance Abuse/Mental Health Assessment results
Discharge plan and status
All of the above
Other: specify

The purpose of the disclosure authorized in this consent is

I understand that my status as an alcohol or drug abuse client at CenterPointe will be disclosed.

I also understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 “HIPAA”, 45 C.F.R. Pts 160 and 164, and can not be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. A copy or facsimile of this consent is to be considered as valid as the original.

Without written revocation this consent expires for the following specified reasons, whichever occurs first:

A) Date __________ One year from the date signed ___________________________________ OR
B) Event __________ 30 days from the date I stop receiving services from CenterPointe _______ OR
C) Condition ___ When the purpose for the consent has been fulfilled _______

THE UNDERSIGNED DOES HEREBY AGREE TO STATED TERMS

X ___________________________        ___________________________
Client Signature              Date          Parent/Guardian Signature        Date

___________________________________________        ___________________________
Witness Signature              Date

Client #__________________________

2/07
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________________________________________

(Client Name)

authorize

________________________________________________________________________________________

(Name of person or Organization from which information is being requested)

to disclose to CenterPointe

the following information in written and verbal form:

(the nature and amount of the information to be as limited as possible)

Initial each category as it applies

<table>
<thead>
<tr>
<th>Initial screening and presenting problems</th>
<th>Legal History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Information</td>
<td>School/Educational Information</td>
</tr>
<tr>
<td>Medical information and lab results</td>
<td>Social History</td>
</tr>
<tr>
<td>Assessment results and history</td>
<td>All of the above</td>
</tr>
<tr>
<td>Summary of treatment plan, progress,</td>
<td>Other: specify</td>
</tr>
<tr>
<td>significant events</td>
<td></td>
</tr>
</tbody>
</table>

The purpose of the disclosure authorized in this consent is

________________________________________________________________________________________

________________________________________________________________________________________

I understand that my status as an alcohol or drug abuse client at CenterPointe will be disclosed.

I also understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 “HIPAA”, 45 C.F.R. Pts 160 and 164, and can not be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. A copy or facsimile of this consent is to be considered as valid as the original.

Without written revocation this consent expires for the following specified reasons, whichever occurs first:

A) Date __________ One year from the date signed __________________________ OR
B) Event __________ 30 days from the date I stop receiving services from CenterPointe OR
C) Condition __________ When the purpose for the consent has been fulfilled

THE UNDERSIGNED DOES HEREBY AGREE TO STATED TERMS

Client Signature __________________________ Date ____________ Parent/Guardian Signature __________________________ Date ____________

Witness Signature __________________________ Date ____________
Collaboration with the Community Mental Health Center: Tips for Partner Agencies

Contact Information:

Community Mental Health Center 2201 South 17th Street: Lincoln, NE 68502
(402) 441-7940  FAX (402) 441-8625

Helpful information for you to know about the Community Mental Health Center (CMHC):

- The CMHC maintains a 24-hour crisis line that is also utilized by other agencies. Staff who answer are in a position to provide support and safety planning, along with information and referral sources.

- The CMHC has counselors available for those who walk in with emergency mental health needs during regular business hours, 8:00 a.m.-5:00 p.m. Monday through Friday.

- Access to medical services or prescriptions is only available during business hours and only to established clients of CMHC. NO emergency medications are available, either by phone or if walking in.

- In order to receive outpatient services from CMHC, the individual seeking mental health treatment, a legal guardian, or an interpreter with the individual present, would call the Center during business hours and ask to speak with the on-call counselor to request services. If we are unable to speak with the individual or guardian, CMHC only accepts referrals from professionals at the Lincoln Regional Center or area hospitals, in cases of a major mental disorder."

- A prospective client will be screened and asked to fill out a Personal History Questionnaire (PHQ) for review for admission criteria prior to scheduling a Pre-Treatment Assessment (PTA).

- Outpatient services are not immediately available, other than crisis/emergency mental health counseling as described below. The current wait time is approximately one month for a PTA to be scheduled and after the PTA there is an additional 4-6 week period to see a Psychiatrist or an advanced practice registered nurse(APRN) for consideration of prescribed psychotropic medications.
• The Lancaster County Crisis Center (LCCC) is an entity separate from CMHC. The Crisis Center provides custody, screening, emergency evaluation and crisis intervention to acutely mentally ill individuals, age 18 and older, who are detained under Nebraska Civil Commitment Statutes within Region V.

• CMHC is very cautious about identifying any client who receives our services. Anyone calling our office will be told "we cannot confirm or deny" any person is receiving our services.

**When partners can call without a release of information:**

• One could call anonymously and ask for information about the variety of services, costs, and other information for oneself or someone else.

• When you need general guidance about situations in working with individuals who are experiencing mental health issues.

**When partners have a release of information and want to communicate about a client of CMHC:**

• A CMHC Release of Information (ROI) form signed and dated by the client or guardian, if applicable, is necessary for any discussion to take place.

• Only the specific information indicated on the ROI may be discussed.

• A CMHC ROI is good for 6 months from the date of signature, or a shorter length of time may be indicated on the ROI by the client or guardian. However, the ROI can also be revoked at any time by the client or guardian.

The Community Mental Health Center of Lancaster County provides a variety of services and values collaborating with other agencies to meet the requests and needs of survivors of domestic violence with mental health concerns and/or substance use issues.
Community Mental Health Center of Lancaster County
AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

Client Name _______________________________________ Other Name Used________________________________________

Client #___________________________________________ Date of Birth________________________________________

I hereby authorize the following agencies, organizations or persons listed below:

Name of Person/Agency

Address of Person/Agency Phone # Fax#

Name of Person(s)/Agency(s)

Address of Person(s)/Agency(s) Phone # Fax#

To communicate with and disclose to one another the following information (indicate with a check mark):

☐ Clinical Tx History/Clinical Observations ☐ Psychiatric Information
☐ Medical Information (Physical Health) ☐ Psychological Testing
☐ Psycho-Social History (Background information, including psychological or emotional history)
☐ Mental Health Board Action and Communications ☐ Lab Reports Date(s)__________________________

☐ Other Information

☐ Alcohol/Drug Evaluations
☐ Treatment History ☐ Psychiatric Information
☐ Attendance ☐ Inpatient Record from ___________________________(Date)

For the following purpose(s):

☐ Patient Request ☐ Insurance Eligibility/Benefits
☐ Further Medical Care ☐ Tx Coordination/Progress
☐ Legal Action/Proceedings ☐ Other________________________________________

Unless revoked, this Authorization will automatically expire 6 months from the date it is signed or on ____________, whichever is shorter.

This authorization may be revoked at any time, except to the extent that action has been taken in reliance on it, by notifying the above named provider in writing. The above named provider who is authorized to use and/or disclose my information may not condition my treatment, payment or eligibility for health care benefits on my decision to sign this authorization, but in certain limited circumstances I may be denied treatment if I do not sign this form. I have the right to request a copy of this authorization and to inspect and/or copy the health information I have authorized to be released by this authorization form, except as restricted by law. I understand that once information is disclosed pursuant to this authorization that the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164, protecting health information may not apply to the recipient of the information and, may not prohibit the recipient from re-disclosing it. The federal regulations governing confidentiality of alcohol or drug abuse patient records, 42 C.F.R. Part 2, prohibit re-disclosure of information without the patient’s written consent, except as permitted or required by law.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

A Copy or Facsimile of this Document is Valid as Original

Signature ☐ Individual ☐ Parent/Legal Guardian ☐ Date

Community Mental Health Center 2201 South 17th Street: Lincoln, NE 68502 (402) 441-7940 FAX (402) 441-8625
Collaboration with Friendship Home: Tips for Partner Agencies

Contact Information:

P.O. Box 35358 • Lincoln, Nebraska 68501 • Phone: (402) 437-9302 • Fax (402) 437-9310
www.friendshiphome.org

Helpful information for you to know about Friendship Home:

• Friendship Home provides safe and confidential emergency and transitional shelter and support to women and their children who are escaping domestic violence or sexual assault. Our services and support are grounded in safety, confidentiality and strengths-based empowerment. There is no charge for our services.

• Immediate support, advocacy and safety planning are always available from the first phone call to Friendship Home. Immediate access to our shelters is rare, because we almost always operate at full capacity. We may have other options for emergency shelter, based on a women’s unique situation, or can work with women to locate space in other shelters. We keep a waiting list, so it is important for women seeking shelter to call to request shelter as soon as possible. We provide support services (face-to-face and telephone crisis counseling, advocacy, safety planning, support groups, transportation and direct aid) for women while they wait for shelter.

• Our shelter locations are confidential to protect residents and staff from batterers who frequently stalk their partners after they leave the relationship.

• For safety reasons, Friendship Home staff and volunteers use first names only with residents.

• Friendship Home is very cautious about identifying any client who receives our services. Anyone calling our offices will be told “we cannot confirm or deny” any person is receiving our services.

• Batterers often go to great lengths to gain and misuse information about their partners; we are extremely cautious about the amount and type of information that we share, even with partners, other service providers and law enforcement with a signed release of information.
We operate from an empowerment and strengths-based framework. Our conversations with providers will be centered on best interests of the client and what will help to provide more effective support and services.

**When you can call without a release of information:**

- When you need general information about Friendship Home’s services.
- When you need general guidance about a situation involving domestic violence without using names or identifying information.

**When you have a release of information and want to communicate about a client of Friendship Home:**

- We cannot have any conversation with you about the individual until she or her guardian signs a Friendship Home Release of Information. It is OK for you to send/fax your agency’s signed release so we are aware of the desire to work collaboratively, but until we talk directly with the individual, we cannot go any further. Encourage the woman or her guardian to talk to Friendship Home staff and complete a release of information.
- Once we obtain the release, we can communicate based on the specific information the client or guardian has authorized through the release.
- Our releases tend to be short term – typically 15-30 days, but can be extended if the client or guardian indicates she would like this. They can also be withdrawn at any time by the client or guardian.

We appreciate the opportunity to work with you to help provide safer and individualized support for survivors with mental health concerns and/or substance use issues!
Release of Information Form

I understand that Friendship Home has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Friendship Home to release some of my personal information to certain individuals or agencies.

I, ______________________, authorize Friendship Home to share the following specific information with:

<table>
<thead>
<tr>
<th>Who I want to have my information:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specific Office at Agency:</td>
</tr>
<tr>
<td></td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

The information may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail

☐ I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<table>
<thead>
<tr>
<th>What info about me will be shared:</th>
<th>(List as specifically as possible, for example: name, dates of service, any documents).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why I want my info shared: (purpose)</td>
<td>(List as specifically as possible, for example: to receive benefits).</td>
</tr>
</tbody>
</table>

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Friendship Home.

I understand:

☐ That I do not have to sign a release form. I do not have to allow Friendship Home to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Friendship Home to release information about me in the future, I will need to sign another written, time-limited release.

☐ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Friendship Home.

☐ That Friendship Home and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

This release expires on: ____________ ____________

Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: ______________________
Witness: ______________________
Date: ________________
Time: ________________

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until ________________ ________________

New Date New Time

Signed: ______________________
Date: ________________
Witness: ______________________

Friendship Home Updated 1/11
Collaboration with St. Monica's: Tips for Providers

Contact Information:

120 Wedgewood Dr., Lincoln, NE 68510 Phone: 402.441.3762 FAX: 402.441.3770
www.stmonicas.com

Helpful information for you to know about St. Monica's:

• Our programs consist of, Intensive Outpatient Services (IOP) and Outpatient. Our residential programs consist of short-term Residential (STR) or our long term programs: Project Mother Child where children live with their mom who is in treatment and Therapeutic Community where women stay who have grown children or no children.

• Admission process: must have a substance abuse evaluation no older than 6 months. An intake is scheduled as soon as the client is deemed appropriate for placement. The women are either put on the waiting list or scheduled for admission to one of our programs. Admission priority is pregnant IV user, IV user, pregnant, parent and the single woman.

• While immediate admission is not always available, we do keep a waiting list. Our Recovery Specialist offers support groups twice a week while women are on the waiting list. The Recovery Specialist also calls them once a week to keep in touch.

• St. Monica's is very cautious about identifying any client who receives our services. Anyone calling our main office or any of our program locations will be told "we cannot confirm or deny" any person is receiving our services.

• Our approach is trauma-based. Ninety percent of the women we serve have experienced some kind of life altering violence or trauma at the hands of someone who professed to love them-family, spouse or partners. Our therapists work with them to cope with their trauma and give the skills to make good decisions for the future.
When you can call without a release:

- When you need general information about St. Monica's services or general information.
- When you need general guidance about a situation involving substance abuse/mental health without using names or identifying information.

When you have a release of information and want to communicate about a client of St. Monica's:

- A St. Monica's Release of Information is required before we can talk about anyone in our treatment programs. You can send/fax your agency's signed release so we are aware you want to work collaboratively.
- Once the release is obtained by the appropriate person working with the client, we can communicate on the specific information the client or guardian has authorized.
- Our releases have different expiration dates for each client and the client or guardian makes the choice.

We look forward to working with you to help provide safe, trauma-informed, individualized assistance and guidance to survivors with mental health concerns and/or substance use issues.
St. Monica’s

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________________________________________________ (client name)
authorize St. Monica’s to disclose information to the following individual or organization (CHECK BELOW)

☐ ALL LISTED BELOW
☐ Dr. Montoya
☐ Worknet
☐ Clerk of the District Court
☐ Health & Human Service
☐ Peoples Health Center
☐ County Attorney’s Office
☐ Magellan
☐ Health Department
☐ Police Department
☐ Region V
☐ AA/NA Sponsor
☐ Mental Health Board
☐ Nebraska Medicaid
☐ General Assistance
☐ Nebraska State Patrol
☐ Quest Diagnostic’s
☐ Region V
☐ Additional Releases
☐ Sheriff’s Department
☐ Redwood Lab
☐ County Attorney’s Office
☐ Sheriff’s Drug
☐ AA/NA Sponsor
☐ Mental Health Board
☐ SAMHSA
☐ Nebraska State Patrol
☐ Wagey Drug/Walgreens

the following information in written or verbal form (INITIAL ALL THAT APPLY)
(the nature and amount of the information to be limited as possible)

☐ ALL INFORMATION LISTED BELOW
☐ My name and other identifying data
☐ Social History
☐ Initial screening and presenting problems
☐ Housing/Living Arrangements
☐ Psychiatric History/Assessment Modifications
☐ Urine-analysis results
☐ Substance Abuse/Mental Health Assessment results
☐ Admission/discharge dates
☐ Summary if treatment plan, progress, significant events
☐ Discharge plan and status
☐ Other: specify __________________________

I, ____________________________________________________________________ (client name)
also authorize the above individual(s) or organization(s) to disclose information to St. Monica’s the following information in written form (INITIAL ALL THAT APPLY):

☐ ALL INFORMATION LISTED BELOW
☐ Legal History
☐ Medical History
☐ School/Educational Information
☐ Social History
☐ Initial screening and presenting problems
☐ Urine-analysis results
☐ Psychiatric Information
☐ Other: specify __________________________
☐ Summary of treatment plans, progress,
☐ Attendance
☐ Other: specify __________________________
☐ significant events
☐ Other: specify __________________________

The purpose of the disclosure authorized in this consent is to

☐ Collateral Consultation
☐ Other

I understand that my status as an alcohol or drug abuse client at St. Monica’s will be disclosed.

I also understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 “HIPAA”, 45 C.F.R. Pts 160 and 164, and can not be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. A copy or facsimile of this consent is to be considered as valid as the original.

Without written revocation this consent expires for the following specified reasons, which whichever occurs first:

(1) DATE: One year from the date signed OR
(2) EVENT: 6 months from the date I stop receiving service from St. Monica’s OR
(3) CONDITION When the purpose of the consent has been fulfilled.

THE UNDERSIGNED DOES HEREBY AGREE TO STATED TERMS.

__________________________________________   ______________________________________
Client Signature                                                       Date     Parent/Guardian Signature
__________________________________________   ______________________________________
Client Signature                                                       Date
Collaboration with Voices of Hope: Tips for Partners

Contact Information:

VOICES OF HOPE, (formerly Rape/Spouse Abuse Crisis Center) 2545 N STREET LINCOLN, NE 68510 OFFICE: (402) 476-2110 • CRISIS LINE (402) 475-7273

Helpful information for you to know about Voices of Hope:

- Our mission is to provide crisis services to victims of domestic violence, sexual assault, and adult survivors of incest. We do this in the form of 24-hour telephone crisis line and advocacies, support groups, and short-term individual counseling. We also offer education and training on interpersonal violence to the community.

- We do not provide shelter but do facilitate contact with local, state, and national resources for shelter. We do not provide intervention for batterers or perpetrators. We focus solely on victims and their significant others (e.g., a friend, relative, etc.). We do not offer long-term psychotherapy, but do have licensed mental health practitioners on our staff. Our focus is crisis intervention.

- We make services easily available by widely publishing our 24-hour crisis line number and our address so victims can access our walk-in advocacy services. Voices of Hope also provides advocates to victims in the area hospitals.

- We operate from a client empowerment philosophy in which we view the victim as the expert on her own experience. We do not make decisions for clients, but assist them by exploring options and resources. Our services are available to both male and female victims of interpersonal violence or abuse.

- Safety is very important to us. We provide safety planning for clients, their families, and pets. We also employ safety protocols when sending our advocates into the community. Because perpetrators often blame victim advocates for losing control of their victims, we may be reluctant to transport clients or use our last names in some settings.

When you can call without a release of information:

- When you need general information about our agency or accessing services.
• When you need guidance or consultation about a domestic violence or sexual assault situation.

• When you are seeking education or training on working with victims domestic violence or sexual assault.

**When you call with a release of information:**

• Because of the crisis nature of our services, we will accept a release of information form faxed from another agency. However, we need to communicate with the client or guardian to identify the information to be released. We will then communicate or verify that specific information.

• Our release of information forms are valid for a very limited duration. They can be extended or withdrawn as the client or guardian wishes.

*Voices of Hope values working cooperatively with other agencies to provide a full range of services for survivors with mental health concerns and/or substance use issues.*
CONSENT FOR RELEASE
OF INFORMATION

________________________________________________________________________

hereby agrees to allow Voices of Hope, formerly Rape/Spouse Abuse Crisis Center, to release confidential information concerning:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This information may be released to:

Agency or Person: ____________________________________________________________

To the Attention of: __________________________________________________________

Address: ___________________________________________________________________

Phone: ____________________________ Fax: ____________________________

In understand what information is to be provided and the benefits and disadvantages of signing this consent form. I voluntarily give my permission to release the information and realize by doing so I admit to utilizing Voices of Hope, formerly Rape/Spouse Abuse Crisis Center, services.

_________________________________________ ____________________________
Signature Date

Furthermore, I give my permission for the above-named agency/person to release relevant information to Voices of Hope, formerly Rape/Spouse Abuse Crisis Center.

_________________________________________ ____________________________
Signature Date

Counselor/Advocate  ____________________________

Date

This release is valid for one year but I understand I may revoke in writing my consent for release of information at any time. A copy of this form is considered as good as the original.

VOICES OF HOPE, (formerly Rape/Spouse Abuse Crisis Center)  •  2545 N STREET  •  LINCOLN, NE  68510
OFFICE: (402) 476-2110  •  CRISIS LINE (402) 475-7273
Protecting Client Confidentiality:
Different Legal Obligations, Practices, and Policies for the Different Project Partners

“‘I can talk and know my information is not going anywhere.” Client

We’re strict with our release of information. It’s very important for us” Provider

Legal Requirements

Each discipline, domestic violence, mental health, and substance use, is highly committed to protecting confidentiality and adheres to legal and ethical requirements. Each discipline is governed by differing and discipline-specific laws and regulations that protect confidentiality of client information. Each has established policies, procedures, protocols, and training related to confidentiality and the protection of client information.

Domestic Violence Agencies

The confidentiality practices of partner domestic violence agencies are governed by requirements set forth in federal statutes including the Violence Against Women Act and Department of Justice Reauthorization Act of 2005, Victims of Crime Act (VOCA), and Family Violence Prevention and Services Act (FVPSA).

Violence Against Women Act (VAWA)

In VAWA 2005, Congress reiterated the importance of protecting victim confidentiality by addressing protections for victim information in multiple arenas, including in public records and databases. Section 3 prohibits sharing personally identifying information about victims without “reasonably time limited,” written and informed consent. Grantees and subgrantees shall not disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees’ and subgrantees’ programs or reveal individual client information without the informed, written, reasonably time-limited consent of the person.
Victims of Crime Act (VOCA)

Domestic violence programs which are granted funds under the Victims of Crime Act (VOCA) are required to follow the regulations in 28 CFR Part 22 which prohibit disclosure of identifying information, require programs to certify that they will do so, and mandate that a program will assure clients that their individual identifying information will not be revealed. 42U.S.C. 10604 (d)

Family Violence Prevention and Services Act (FVPSA)

Nebraska state law defines the protections of confidential information: “Confidential communication means any written or spoken information exchanged between a victim and an advocate in private or in the presence of a third party who is necessary to facilitate communication or further the advocacy process and which is disclosed to the advocate for the purposes of overcoming the adverse effects of domestic violence or sexual assault”.

The law also states that a victim, an advocate without the consent of the victim, a third party (as described above) without the consent of the victim, or a minor or incapacitated victim without the consent of a custodial guardian or a guardian ad litem appointed upon application of either party, shall not be compelled to give testimony or to produce records concerning a confidential communication for any purpose in any criminal, civil, legislative, administrative, or other proceeding. Exceptions are limited and are strictly construed.

Mental Health and Substance Treatment Agencies

The confidentiality practices of mental health and substance abuse treatment agencies are governed by federal laws and requirements of the Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2.

HIPAA is the Health Insurance Portability and Accountability Act of 1996 which protects individually identifiable health information and grants certain rights to individuals to protect that information. These national standards were created to protect individuals’ medical records and other personal health information (PHI). Broadly defined, protected health information is any information about health status, provision of health care, or payment for health care that can be connected to a person. HIPAA also set boundaries on the use and release of health records and gives clients or guardians the right to examine and obtain a copy of their health records and to request correction if data is inaccurate.

HIPAA covers all health information, including demographic information and behavioral health information that are created or received by the provider and relates to past, present, or future physical or mental health conditions. Provision of services, payment, and consumer identity protection are included.

Confidentiality of alcohol and drug patient records is covered by Federal Regulations 42 C.F.R. Part 2 which protects information that would identify a client as an alcohol or
drug treatment either directly or indirectly. The code prohibits disclosure of records of the identity, diagnosis, prognosis, or treatment of any person in connection with any drug and/or alcohol abuse prevention program that receives federal assistance.

**Documentation Practices of Client Records**

Each discipline has specific policies and practices to protect client records, including how records are stored within the agencies, the length of time they are kept, and how they are destroyed. Each discipline has procedures and practices around documentation; however, domestic violence agencies emphasize documenting as little as possible in order to protect clients. In contrast, mental health and substance use treatment agencies tend to document thoroughly to protect the client and to ensure quality care.

**Domestic Violence Agencies**

In domestic violence agencies, emphasis is placed on minimal written documentation in order to protect client safety. Abusers frequently attempt to gain access to information about their partner with the intent to use the information for harmful purposes such as locating partners in hiding or shelters. An exception is the collection of documents for immigrant victims who apply for a domestic violence U-Visa, which requires extensive documentation of contacts with advocacy agencies, shelters and law enforcement. Violence Against Women and Department of Justice Reauthorization Act of 2005.

**Mental Health and Substance Treatment Agencies**

In mental health and substance use treatment agencies, emphasis is given to more extensive documentation due to reporting requirements and to ensure quality care. Staff are trained to that good documentation equals quality care. The rationale for this approach includes 1) assessing safety to self and others, 2) providing a communication vehicle for staff working in the program, and 3) providing accountability to the consumers, the agency, and the regulatory bodies.

**Confidential Information Which May Be Shared By a Release of Information.**

Domestic violence, mental health, and substance use treatment agencies strictly adhere to the legal and ethical requirements of protection of confidential information. Each of the disciplines’ governance permits releases of information for specified purposes. The standards for the release of information are agency-specific based on the law, regulations and ethical codes of each discipline.
Releases of information are considered invalid when a required element is not present or not completed such as the release has expired, is unsigned, or does not meet the specific requirements of each discipline. **If any of the requirements are not met the release of information is not valid.**

A valid release of information is required by each discipline when a client or guardian gives permission for information to be shared with an outside source. Each discipline explains the benefits and potential disadvantages of any release of information to the client or guardian. Each of the disciplines require specific information to make the release valid.

Each discipline emphasizes the client’s right to have control over their personal information. The client or guardian may revoke consent at any time except to the extent the agency has taken action.

The partner agencies typically require the client or guardian to sign their own agency's release form that meets their agency-specific requirements. This ensures the client or guardian approves the specific information to be released.

Each discipline emphasizes the client’s or guardian’s right to have control over their personal information. The client or guardian may revoke consent at any time except to the extent the agency has taken action.

The partner agencies typically require the client or guardian to sign their own agency's release form that meets their agency-specific requirements. This ensures the client or guardian approves the specific information to be released.

**Domestic Violence Agencies**

Confidentiality is the foundation of services for keeping survivors safe from harm. Domestic violence agencies' confidentiality policies, procedures and practices are governed by federal and state laws and the standards of the Nebraska Domestic Violence Sexual Assault Coalition.

Domestic violence agencies require the written, informed and voluntary consent of the client or his/her legal guardian, or a court order direction for such disclosure. All the requirements must be in the written consent form for the release to be valid. In case of an emergency, a verbal release may be obtained over the telephone.

There are some instances when domestic violence agencies may permit confidential information to be released. If staff believes a client is in danger or at grave risk, often due to a threat by the abuser, the agency may contact law enforcement or others to avert harm to the client. Other instances include: if a client is a serious threat to herself or others; and a life-threatening medical emergency of the client and/or the client’s children and the client is unable to authorize a release of information. An executive director or administrative staff may disclose the death of a current or former client under circumstances suggesting homicide.
Mental Health Treatment Agencies

Mental health agencies that provide both mental health treatment and drug and alcohol counseling are governed by both HIPPA and 42 CFR Part 2. When governed by both, the most stringent is applied. There are instances in which HIPAA governs the release, for example, when a client receives only mental health services. All the HIPAA requirements must be in the written consent form for the release to be valid. A permitted disclosure of information under HIPAA must be limited to minimum necessary to accomplish the intended purpose. The 42 C.F.R. Part 2 requirements for a release of information are more stringent. Please refer to the following sub-section for this information.

Substance Treatment Agencies

Substance treatment agencies are regulated by 42 C.F.R. Part 2 and HIPAA. Disclosures are permissible if a client or guardian has signed a valid consent form or release of information or authorization for disclosure. In order to satisfy the requirements for release of information it must comply with the consent form as proscribed by 42 C.F.R. Part 2. The release of information must contain the federal prohibition of re-disclosure of the information. Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.
References

## Appendix

### Table of Contents

A. Key Terms ................................. 32
B. Legal Terms and Definitions .......... 35
C. Professional Codes of Ethics .......... 38
Key Terms

Advocate
Advocates are volunteers or employees of an agency whose primary purpose is assisting victims of domestic violence. Advocates use a non-judgmental, empowering approach to assist survivors with safety-planning, problem-solving, accessing resources, and self-care. Through advocacy-based crisis counseling, survivors are encouraged to make meaningful decisions about their situation. Advocates assist survivors in developing strategies and addressing barriers to meet their personal goals. Advocates also work within the community to improve systems responses and remove barriers for survivors.

Collaboration
A working partnership between two or more organizations for the purpose of accomplishing common goals. As a collaboration, the partners are able to achieve more together than they would alone. “This relationship includes several factors: commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and awards. In an effective collaboration, members are committed as much to the common collaborative objectives as they are to their own organizational goals. As a result of a successful collaboration, services are coordinated and improved, and each individual agency is able to respond more effectively with new expertise developed through the process.” (Accessing Safety Initiative website: www.accessingsafety.org)

Co-occurring Disorders
This term refers to individuals having one or more disorders relating to the use of alcohol and/or drugs of abuse as well as one or more mental disorders (TIP 42, 2005).

Confidentiality
Confidentiality is the responsibility for limiting disclosure of private matters. Confidentiality arises from legal and ethical responsibilities to respect a client’s or guardian’s right to control access to personal information. It also refers to a professional’s promise to clients or guardians that the information they reveal will be protected from disclosure without their consent. Advocates and counselors avoid illegal and unwarranted disclosure of client information including the person’s status as a client. All limitations to confidentiality are explained to clients or guardians at the beginning of any intervention.

Counseling
The application of mental health, psychological, or human development principles through cognitive, behavioral or systematic intervention strategies that address wellness, personal growth, or career development as well as pathology.

Empowerment
The process by which people, organizations, or groups who are powerless or marginalized: (a) become aware of the power dynamics at work in their life context,
(b) develop the skills and capacity for gaining some reasonable control over their lives, (c) which they exercise, (d) without infringing on the rights of others, and (e) which coincides with actively supporting the empowerment of others in their community.

**Domestic Violence**
Domestic violence is a pattern of assaultive and coercive behaviors used by a person to gain and maintain power and control over an intimate partner. Types of control may include physical, emotional, psychological, verbal, and economic abuse and may manifest through multiple actions including stalking or cyber stalking.

**Ethical Communication**
A form of communication in which the parties share information is an open, honest, and respectful manner. It includes listening fully to others as they speak, seeking to understand their perspectives, and encouraging diverse opinions. Ethical communication fosters trust, mutual understanding, and a shared sense of cooperation between the parties.

**Mandatory Reporting**
Nebraska state law requires mandated reporting of 1) child abuse or neglect and 2) abuse of a vulnerable adult to the proper law enforcement agency or the Nebraska Department of Health and Human Services.

**Mental Health**
A state of well-being in which the individual realizes her own abilities, can cope with the normal stresses of life, can function productively, and is able to make a contribution to her community. Mental health is also the capacity of an individual to interact with other people and with the person's environment in ways that promote the person's sense of well being, enhance her personal development, and allow the person to achieve her life goals. Optimum health includes the six dimensions of wellness: physical, occupational, social, emotional, intellectual, and spiritual.

**Privileged Communication**
Privileged communication is a legal right which exists by law and which protects the client or guardian from having confidential information revealed publicly in a court of law during legal proceedings. Nebraska state domestic violence laws define communication between the advocate and client or guardian as privileged communication; a judge cannot order privileged information to be revealed in court. This prevents domestic violence advocates from having to testify about conversations with clients or guardians and produce records about confidential client information. These laws allow professionals to give assistance to clients who seek help.

**Privacy**
Privacy is the right of the individual to be left alone. It identifies the right of person to choose what others may know about them and under what circumstances. The central notion is the freedom to determine the disposition of personal information, to decide what information about them will be shared or with from others. (Remley & Herlihy, 2007).
Psychotherapy Notes
Psychotherapy notes are defined as notes created by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's medical record. The notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to dates. At this time, it is unclear whether alcohol and drug counseling notes are considered psychotherapy notes.

Release of Information
A consent signed by a person receiving services, or their legal guardian that gives permission to share a person's confidential information with others. The person may choose whether to release the information and what specific information will be shared. A release of information (ROI) may be revoked by the person at any time, except if action has been taken based on the ROI.

Safety
Protection against physical, emotional, psychological, verbal, and economic harm or other events which threaten the well-being of and individual. Each survivor will have her own perspective on what safety means for her in her situation.

Strengths-Based
This practice is a combination of strength-building and solution-focused approaches. It begins with the belief that clients have personal strengths and past successes that can be mustered to change current behaviors and resolve problems. The goal is change rather than insight. This practice assumes that small changes can ripple out to bring resolution to large problems.

Substance Use
The taking of any substance whether alcohol, drugs, and/or tobacco and includes both legal and illegal substances. This term also refers to the consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor.

Substance Dependence
A disease with genetic, psycho-social, and environmental factors influencing its development and manifestations. This disease is progressive and can be fatal. It is characterized by continuous or periodic impaired control over drinking alcohol or other drugs, preoccupation with drugs or alcohol, use of drugs or alcohol despite adverse consequences, and distortions in thinking, most notably denial. Also referred to as addiction, substance dependence is a treatable disease and long-term recovery is possible. Psychological dependence occurs when the user needs the substance to feel good, normal, or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to achieve the same effect or to function.
Survivor
A person who has lived through an episode or series of episodes of violence may experience the world differently than those who have never been victimized – more dangerous and less predictable. The term “survivor”, rather than “victim”, is considered an empowering term and is preferred by the violence against women movement.

Trauma-informed Service Systems
Those that, in all aspects of service delivery, recognize the origins of trauma, have an understanding of the prevalence and impact of trauma on survivors and the complex paths to healing and recovery. Trauma informed systems incorporate the principles of safety, empowerment, trustworthiness, choice and collaboration in their delivery of services. Trauma-informed services are designed specifically to avoid re-traumatizing practices to those who seek assistance. They seek “safety first” and commit themselves to “do no harm.” The fundamental question in service delivery is “What happened to you?” vs. “What is wrong with you?” (Region V Systems. Nebraska Behavioral Health Regions)

Treatment
The process of medical and/or psychotherapeutic intervention by trained professionals. The general intent is to reduce symptoms in order to avoid the psychological, legal, financial, social, and physical consequences of domestic violence, mental disorders, and/or substance use.

Legal Terms and Definitions

Abuse of a Vulnerable Adult
Abuse shall mean any knowing, intentional, or negligent act or omission on the part of a caregiver, a vulnerable adult, or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, exploitation, or denial of essential services to a vulnerable adult. Nebraska Revised Statute §28-351

Child Abuse
Child abuse or neglect means knowingly, intentionally, or negligently causing or permitting a minor child to be:
(i) Placed in a situation that endangers his or her life or physical or mental health;
(ii) Cruelly confined or cruelly punished;
(iii) Deprived of necessary food, clothing, shelter, or care;
(iv) Left unattended in a motor vehicle if such minor child is six years of age or younger;
(v) Sexually abused; or
(vi) Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions Nebraska Revised Statute § 28-710
Civil Case
A legal proceeding brought usually brought by a person (plaintiff) against another (defendant). Examples of civil cases include, but are not limited to, divorce; change of child custody; and eviction from rental or leased property.

Civil Law
The area of law that deals with disputes between individuals, not involving crimes.

Competent
Being "legally fit" to make decisions. The court may decide if a person is competent or incompetent. If someone is incompetent, the court may appoint a legal guardian to make decisions for that person.

Court
The place where civil and criminal hearings and trials are held.

Court Order
An order issued by a court that requires a person to do or refrain from doing. A court order for alcohol and drug patient records must include the federal requirements of the alcohol and drug patient records regulations (42 C.F.R. Part A).

Criminal Case
A legal proceeding brought by the state, county, or city against someone, charging the person with a crime. Investigations of the charge are carried out by prosecutors and defense attorneys to prove or disprove the charge. Examples of criminal cases include, but are not limited to, domestic violence; assault and battery; theft; and destruction of private property.

Deposition
Testimony taken orally or in writing outside of a courtroom by question and answered under oath. It may be read in court and may be admitted by the judge as evidence.

Discovery
The procedures available to a party to a lawsuit to learn relevant facts which are known to other parties or witnesses, in order to enable the party to prepare for trial. Discovery includes, but is not limited to request for documents; request for answers to a formal set of questions (interrogatories); and depositions.

Evidence
Evidence refers to something that provides proof of a matter. It is something legally submitted in court or other decision-making body to determine the truth of a matter. Evidence comes in various forms, such as oral testimony, videotape, electronically recordings, documents, and other forms.

Guardianship*
A guardian is a person who is appointed by the court or through a will. A guardian has the power to make decisions for an incompetent person or minor child. The
incompetent person or minor child is known as a “ward.” The guardian has a duty to make sure that the decisions he or she makes are in the ward’s best interests. When this type of relationship is created between the guardian and the ward, it is known as a **guardianship.** Neb. Rev. Stat. §§30-2209; 30-2601 (2006). Guardianships may be full guardianships or limited guardianships. A full guardianship means the guardian has the sole ability to make decisions for the ward. A limited guardianship allows the person to make some decisions. The type of guardianship is chosen based on the person’s needs.

*Adapted from Nebraska Advocacy Services. The complete document is copyright free. Readers are encouraged to copy the document and share it, but please credit Nebraska Advocacy Services, Inc., The Center for Disability Rights, Law, and Advocacy.*

**Judge**
The person who is appointed to decide cases and to make sure that legal procedures are followed in the courtroom.

**Petition**
A request to a court.

**Protection Order, Order of Protection**
A court order for someone to behave in a certain way (such as staying away from a victim and her home) and to stop violations of laws or court orders; may include a restraining order, order of protection, etc. It is designed to stop violent and harassing behavior, and protect you and your family from the abuse.

**Statutes**
Laws passed by state or federal legislators.

**Subpoena**
There are two types of subpoenas. One is an order to command someone to come to a court or to a deposition at a certain date and time. There are penalties if that person doesn’t come to court. The power to subpoena a person is granted to officers of the court, such as clerks of courts, attorneys, and judges. A person may be subpoenaed to appear in court, or other location, to provide testimony for trial or deposition or produce documents or other evidence. A subpoena can be used for a civil or minor criminal matter (if criminal, it can be used instead of an arrest warrant).

A second type is a court order commanding a witness to bring certain documents or records to court (Subpoena Duces Tecum).

**Summons**
A document directing a sheriff or other officer to notify the person named in the summons that a lawsuit has been started against him or her in court, and that she/he must file an answer to the complaint.
Testify
To give evidence under oath in a legal proceeding.

Warrants
  Arrest Warrant
  A written order issued by a judge that directs a law enforcement officer to arrest
  a person. An arrest warrant is issued based upon probable cause that the person
  has committed a crime.

  Search Warrant
  A written order signed by a judge that allows law enforcement officers to search
  a specific place or area at a specific time and seize specific items.

Professional Codes of Ethics
Professional Codes of Ethics are written to state their core values, ethical principles and
ethical standards. They govern the conduct of their members and are the accepted
and enforceable standards of conduct for their profession.

American Association of Marriage and Family Therapists: Code of Ethics
Retrieved from http://www.aamft.org

American Counseling Association: Code of Ethics
Retrieved from American Counseling Association: http://www.counseling.org

American Mental Health Counselor Association: Code of Ethics
Retrieved from http://www.amhca.org

American Psychological Association: Ethical Principles of Psychologists and Code of
Conduct

Certified Substance Abuse Counselor: Code of Ethics
Retrieved from http://www.naadac.org

National Association of Alcoholism and Drug Abuse Counselors: Code of Ethics
Retrieved from http://www.naadac.org

National Association of Social Workers: Code of Ethics
Retrieved from http://www.socialworkers.org