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Michael J. O'Donnell, Executive Director Susan H. Redman, Deputy Director

July 15, 2013

Douglas D. Corbett, Public Health Administrator Ford-Iroquois Public Health Department 114 North Third Street Watseka, IL 60970

Dear Doug:

This letter is in response to your request for guidance regarding the Older Americans Act Confidentiality Policy. As a condition of receiving Older Americans Act funding, all Area Agency-funded service providers are required to adhere to policies and procedures outlined in the East Central Illinois Area Agency on Aging's Service Providers Policy and Procedure Manual. Please refer to the following Confidentiality Policy contained in the East Central Illinois Area Agency on Aging's Service Providers Policy & Procedure Manual, Section 500:

"Confidentiality of Personal Information:

All information which is identifiable with any specific individual must be kept confidential unless the person concerned gives informed consent for the information to be released. This applies to both client information and personnel records. Service providers are strongly encouraged to obtain informed consent in writing from Older Americans Act clients. If the service provider receives verbal consent to release information from a client, the service provider should document that such verbal consent was granted in the client's case record.

<u>Right of Protection</u>. Clients shall have a right to the protection of confidential information about themselves. This right may be superseded only in those exceptional situations, i.e., a court subpoena, where it is necessary to protect the client or others.

Sources of Information. The client's consent shall be obtained before client-specific information is released to other sources.

<u>Informed Consent</u>. No information about an older person, or information obtained from an older person, shall be disclosed by a service provider in a form that identifies the older person, without the informed consent of the older person or his or her legal representative, unless the disclosure is required by court order, or for program monitoring by authorized Federal, State or local monitoring agencies, including the Area Agency on Aging. Service providers are strongly encouraged to obtain informed consent in writing.

Counties Served: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, Vermilion. The East Central Illinois Area Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois 1-800-888-4456.

Funded by Older Americans Act and General Revenue through the Illinois Department on Aging

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<u>Third Party Information</u>. A service provider receiving a confidential report on a client from another agency or individual shall not divulge this information to a third party without securing the client's written informed consent."

Furthermore, as a condition of funding, Area Agency-funded service providers are required to adopt in writing Confidentiality Polices in accordance with the ECIAAA Service Providers Policy and Procedure Manual. Please note, the Ford-Iroquois Board of Health is recognized as the governing body of the Ford-Iroquois Public Health Department.

Based on the information provided by Ford-Iroquois Public Health Department, a breach of client confidentiality has occurred, which not only violated Older Americans Act requirements, but also violated Ford-Iroquois Board of Health's own Confidentiality Policy. In order for ECIAAA to provide further guidance, Ford-Iroquois Public Health Department is directed to provide further information as to why specific client information was released without the client's consent.

Thank you for your attention to this matter. Please contact me at the Area Agency with additional questions.

Sincerely,

Susan C. Real

Susan C. Real, Manager Planning & Program Department

SCR:sr

Cc: Provider File

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