



Limits of Confidentiality

The contents of an intake or assessment session are considered to be confidential. Both verbal information and written records about you cannot be shared with another party without your written consent or the consent of a legal guardian. It is the policy of the B.C. Aboriginal Network on Disability Society (BCANDS) not to release any information about you without a signed release of information. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Court Orders

Health care professionals are required to release records of clients when a court order has been placed.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Other Provisions

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible services and support. In such cases your name, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In the event the BCANDS must telephone you for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality.

Please list where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the Society or the nature of the call, but rather the worker’s first name only.

If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to you (or guardian) without identifying the name of the Society. If the person answering the phone asks for more identifying information we will say that it is a personal call.

We will not identify the Society (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.

PLEASE CHECK PLACES IN WHICH YOU MAY BE REACHED BY TELEPHONE. Include phone numbers and how you would like us to identify ourselves when phoning you.

___ HOME	_____	_____	___ Yes ___ No
	Phone number	How should we identify ourselves?	May we say the Society’s name?
___ WORK	_____	_____	___ Yes ___ No
	Phone number	How should we identify ourselves?	May we say the Society’s name?
___ OTHER	_____	_____	___ Yes ___ No
	Phone number	How should we identify ourselves?	May we say the Society’s name?

By signing below I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client’s Name (please print) Client’s (or Guardian’s) Signature Date

Witness Name (please print) Witness Signature Date