

**Choices for Care: Adult Family Care
DISCLOSURE of INFORMATION (DoI)
TO HOME PROVIDERS/RESPITE WORKERS**

_____ or _____ on behalf of
Participant's name *Guardian's name*

_____ **has / has not** consented in writing to disclosure of this information to:
Participant's name *(circle one)*

Name: _____ Name: _____

Name: _____ Name: _____

Confidentiality Requirements

All the information in this notice must be kept confidential and not disclosed to anyone other than a potential home provider, respite provider, or case manager as indicated above, unless the participant consents to the disclosure or a court orders disclosure. If the participant has a legal guardian the guardian must give or decline the authorization.

This means that you can only discuss this information with the individuals named above, not with anyone else. It also means that you have a responsibility to keep this document, and any other written documents containing the consumer's health care information, in a secure place where other people will not accidentally see it. You have a legal responsibility to keep this information confidential even if you choose not to provide home care for the participant. In the event that you decide not to serve the participant or they leave your care, this information must be returned to the agency. If you violate the participant's right to confidentiality, you may be fined up to \$2,000 or imprisoned for not more than one year [18 VSA, § 7103 (c)].

Relevant Information

- 1) Prescription medications and dosage (*May attach Emergency Fact Sheet or Medication Sheet if all medications are included there*)

- 2) Relevant information / history of violent behavior or conduct that has caused danger of harm to others, that is known by the Agency and/or is in the participant's clinical record. (Must include, *but not be limited to*, any criminal history of violence; history of sexual abuse or relevant physical harm towards others; other violent behavior resulting in involuntary hospitalization or commitment). "Relevant" information includes past actions you think might predict or indicate the likelihood that this person will cause future harm.

- 3) Any known warning signs of dangerous behavior towards others (for example, alcohol or drug use, failure to take medications as prescribed, behavioral signs and symptoms).

- 4) Any relevant information needed to protect the participant from harm (for example, people who have victimized or endangered the individual, behaviors that may indicate possible future self-injurious behavior, level of supervision needed).

Signature of Participant / Guardian

Date

Signature of Authorized Agency Staff

Date

I do not agree to this placement or to provide respite services. I understand that I must return this document(s) to the Authorized Agency immediately.

Signature of Home Provider / Respite Provider

Date

I consent to this placement even though the Participant / Guardian has not authorized sharing information that the AA believes is relevant.

Signature of Home Provider / Respite Provider

Date