

DISCLOSURE TO HOME PROVIDERS/RESPITE WORKERS

_____ or _____ on behalf of
Consumer's name Guardian's name

_____ has / has not consented in writing to disclosure of this information to:
Consumer'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 respite provider, unless the consumer consents to the disclosure or a court orders disclosure. If the consumer has a legal guardian, or is an unemancipated minor, the guardian or parent must give the authorization. This means that you can only discuss this information with members of the consumer's treatment team, but 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 consumer. In the event the consumer leaves your care, this information must be returned to the agency. If you violate the consumer's right to confidentiality, you may be fined up to \$2,000 or imprisoned for not more than one year [18 VSA, § 7103 (c)].

Disclosure to Respite Providers

If you retain a respite provider to provide care by the day or overnight in the respite provider's home, then you must give the provider the information that is needed to protect the consumer or others from harm, while the consumer is in the respite home. You may share the information verbally or by giving the respite provider this form for the duration of the client's stay. However, you should not make any copies of this form for a respite provider to keep.

Relevant Information

- 1) Prescription medications and dosage (*Can 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 individual's clinical record. (Must include, *but not be limited to*, any criminal history of violence¹; history of sexual abuse or relevant physical harm towards others; other violent behavior resulting in involuntary hospitalization or

¹ Criminal history of violence includes being charged with or convicted of: aggravated assault, aggravated stalking, aggravated sexual assault, assault & robbery, simple assault, assault upon law enforcement, cruelty to children, domestic assault, elderly abuse, abuse of a person with a disability, extortion, hate motivated crime, kidnapping, lascivious conduct, L&L with a child or adult with disability, manslaughter, murder, sexual assault, stalking, and sexual assault on a minor, arson, recklessly endangering another person while driving.

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). *(Can attach Behavioral Support Plan, Emergency Fact Sheet or Medication Sheet if relevant information is included)*

- 4) Any relevant information needed to protect the consumer 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). *(Can attach Behavioral Support Plan, Emergency Fact Sheet or Medication Sheet if relevant information is included)*

Signature of Agency Staff Member

Date

Signature of Home / Respite Provider

Date

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

Signature of Home / Respite Provider

Date