

understanding

# CLIENT CARE



POLICIES & FORMS HANDBOOK

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## ABOUT THIS HANDBOOK

Serving pregnancy center clients with excellence starts with adopting sound policies and training personnel to adhere to those policies.

In this handbook, you will find general education about 15 crucial areas of client service, as well as sample policies, procedures, forms, and related charts for each section. These carefully researched and attorney reviewed samples provided by Care Net are the first step to updating your center's client care policies. **Oriented specifically to serving first visit clients, most of these policies are applicable for both medical and non-medical centers.** Where a policy or document is suited specifically to medical centers or non-medical centers, that information is provided.

Each policy may be adapted to suit the specific needs of your center. Prior to their adoption, Care Net recommends that center policies be reviewed by an attorney licensed in your state and familiar with the operational best practices of faith-based nonprofit organizations.

**The center's board of directors is ultimately responsible for the policies implemented at the center.** They may choose to review each policy individually, create a committee to review the policies, or simply approve policies as a group upon recommendation by the center's chief executive, but ultimately the board should determine the process for adopting and updating policies. Care Net recommends documenting the date each policy was adopted or last updated and where it was adapted from so this information is accessible in the future.

Care Net's [\*Standards of Affiliation\*](#) and [\*Commitment of Care and Competence\*](#) are referenced in this handbook. For your convenience, they are provided in the appendix.

We are honored to partner with your center and equip you for excellence in serving your community.

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## DEFINITIONS

*These terms will appear throughout this resource. Understanding how they are used will assist you in your study.*

### **Adverse Situations**

*Situations which threaten to harm or actually harm the physical health, mental health, or general well being of an individual.*

### **Advocate/Peer Counselor/Pregnancy Decision Coach**

*The center team member who meets with clients individually or as couples to provide information and support related to pregnancy decisions, parenting issues, sexual risk avoidance, abortion recovery, or other issues.*

### **Assault**

*When one person threatens or attempts to physically harm another person - and the first person is able to carry out that threat.*

### **Battery**

*When one person intentionally touches another without their consent.*

### **Client Room**

*The location where consultations, conversations, and peer counseling or coaching sessions with clients occur; also the location where group sessions are facilitated.*

### **Exam Room**

*The location where medical consultations or examinations occur.*

### **Executive Director/ED/Chief Executive Officer/CEO**

*The executive leader of the pregnancy center who reports to the board of directors and who directly or indirectly supervises all other center staff members or volunteers.*

### **Facilitator**

*The center team member who leads group meetings, including parenting education, abortion recovery, or other classes, sessions, or support group meetings involving 3 or more clients.*

### **Forced or coerced abortion**

*When a woman is pressured by outside forces (parents, social workers, teachers, father of the baby, friends, influencers) who use various forms of intimidation, including the threat of violence, abandonment, emotional and/or physical threats, or disowning to pressure a woman to choose an abortion.*

### **Interpretation**

*The oral restating in one language of what has been said in another language, successfully conveying the intended message and its meaning.*

### **Intimate Partner**

*An intimate partner can be a current or former spouse or nonmarital partner, such as a boyfriend, girlfriend, or dating partner.*

### **Intimate Partner Violence (IPV)**

*Actual or threatened physical, sexual, psychological, emotional, or stalking abuse by an intimate partner. Also known as domestic violence.*

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## DEFINITIONS (continued)

### **Life-Threatening Mental Health Concerns**

*Mental health issues which indicate that the individual is at risk for harm to self or others.*

### **Personnel**

*All center team members, including board members, staff members, and volunteers.*

### **Pregnancy Decision Coach**

*A trained center employee or volunteer who provides compassion, hope, and help to clients making pregnancy decisions within the center's scope of services, in order to encourage healthy outcomes for the client, the unborn child, and the client's family.*

### **Permission-based Care**

*Provision of services to the client which is conditioned on first receiving verbal or written consent from the client.*

### **Referrals**

*Also called "care connections," are the recommended providers of services which center personnel believe the client needs and wants.*

### **Screening**

*Assessing a client for key risk factors related to an adverse situation based on the client's behavior and answers to specific questions and making recommendations for action or referrals based on that assessment.*

### **Sexual Assault**

*Any type of sexual contact or behavior that occurs without the explicit and uncoerced consent of the victim.*

### **Spiritual Support**

*Includes all forms of direct spiritual care for clients, such as prayer, spiritual encouragement, and discipleship.*

### **Subpoena**

*A written legal order from an officer of the court compelling a person or entity to provide documents, testing, or testimony in court or in the context of another legal proceeding.*

### **Team Member**

*A center board member, staff member, or volunteer; collectively "personnel."*

### **Threat**

*Any oral or written expression or gesture that could be interpreted by a reasonable person as conveying an intent to cause physical harm to persons or property.*

### **Translation**

*The process of transferring ideas expressed in writing from one language to another language.*

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## EXPLANATION OF POLICIES & FORMS

**[GRAY]** | *Input your own information, i.e. your [Center Name] or [Policy Name]*

**[RED]** | *Choose between two or more options offered.  
Do not choose more than one to keep on the form or policy.  
I.E. [CHOOSE ONE] — OR — [THE OTHER]*

***PLEASE NOTE:***

*Printed copies of policies and forms are for reference only.*

*Please refer to the most recent electronic copy for any updates available.*

SAMPLE

# 1 | UNDERSTANDING CONFIDENTIALITY AND RELEASE OF INFORMATION



*“It is required that those who have been given a trust must prove faithful.” - I Corinthians 4:2 (NIV)*

Centers maintain the highest standards in protecting the confidentiality and privacy of their clients. Each center should inform clients of its promise of confidentiality, both verbally and in writing, prior to providing services. Keeping this promise is essential for building and maintaining client trust and is the responsibility of every center team member.

## **Training**

Centers should establish practices that ensure the confidentiality of client relationships. For example, center staff should not identify themselves as such when leaving telephone messages for clients, except with the client’s written permission. Center personnel must be trained to carefully protect the center’s promise of confidentiality, in interactions both within the center and with those outside of the center. Because the center’s promise of confidentiality applies to all clients, it must be regularly reinforced throughout the organization. It applies to all types of client records and interactions: to clients who receive individual coaching or group classes, for programs as diverse as abortion recovery support and parenting mentoring.

## **Legal Considerations for External Confidentiality**

Confidential client information should never be shared outside the center, except in very limited and specific circumstances. Confidential information includes all personal identifying details about a client or their situation, including confirmation that a specific individual is or is not a client of the center.

Certain personnel in some centers may also have a legal obligation to protect the confidentiality of certain communications with clients. In most states, the conversations individuals have with their own medical professionals attorneys, clergy, or licensed professional counselors are legally privileged and may not be disclosed, except in rare circumstances. While this legal privilege and responsibility does not apply to interactions between clients and unlicensed personnel at non-medical centers, all team members have an ethical obligation to keep promises of confidentiality made by the center to clients. If a center team member inappropriately breaches the center’s promise of confidentiality, the center could be held liable in a civil suit.

Some possible exceptions<sup>1</sup> to the promise of confidentiality include:

<sup>1</sup>These are general exceptions and do not apply in every state. Centers should confirm what the law requires in their state.

- 
- when an adult client has given written permission allowing the center to share her records with a third party or to share her story publicly;
  - when interaction with the client results in suspicion that a minor, disabled person, or dependent elder is abused, neglected or endangered;
  - when center personnel believe that the client is at risk of harming themselves or others, or poses a national security threat;
  - when the information is compelled by law, such as when the center has obtained a subpoena, or court order and an attorney representing the center has advised the center to comply;
  - when the “client” has obtained services under false pretenses, such as using the visit to produce an untruthful report on behalf of a pro-abortion advocacy organization;
  - when the client has committed some crime against the center or is posing a threat to center personnel;
  - when the client has filed a lawsuit against the center; in this case, documents may be provided to the court.

In these limited situations, confidential client information may be revealed outside the center. When this occurs, center personnel should carefully record all steps taken and retain relevant documents in the client’s file.

### **Internal Confidentiality**

In addition to avoiding sharing confidential client information with persons outside the center, personnel should also keep client identifying details limited to those persons who need to know them within the center.

It is always appropriate for team members to share details with their supervisor in order to seek direction. It is also appropriate to discuss a client’s situation and share case notes with other team members providing care to the same client. In some situations, it may be necessary and appropriate for center staff members (not volunteers) to share non-identifying details about a client’s situation with Care Net or an experienced leader in another center, in order to seek advice on case management.

When sharing a portion of a client story for internal training purposes, it is also important to remove identifying details and/or to create training scenarios based on multiple stories in order to protect the confidentiality of individual clients.

Confidential information about clients should never be shared among staff and volunteers (including board members) as a prayer request or simply because it is an interesting, sad, humorous, or unusual anecdote.

### **Protecting Records**

To aid the center in offering services to the community, the center keeps written records of its interaction with individual clients. These records are owned by the center and subject to the center’s record retention policies; original files should not be given to anyone.

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Confidentiality of client files should be maintained not only by training personnel, but also by sound center security practices. Hard copy files should be stored in a lockable filing cabinet in a lockable room, with access to keys limited to appropriate personnel. Electronic files should be maintained in a password protected environment with appropriate encryption levels.<sup>2</sup>

The client may have the legal right to request and receive a copy of all, or any portion, of their record for themselves or for a third party that they designate, depending on the state law governing the center. The client may also have the right to allow the center and center related entities to use their story and related materials (such as photographs) for promotional purposes.

Anyone requesting the client's information, besides the client, the client's power of attorney, or the client's attorney, should be refused. If a subpoena is issued for the information from anyone other than the client or the client's attorney, the center should:

- (1) seek legal counsel to challenge the subpoena, and
- (2) inform the client prior to complying with the subpoena and advise them of their right to retain counsel to challenge the subpoena.

Before providing a client or any third party with a copy of the client's records, the center should receive a written request for release of the client's records, which should be signed by the client, if possible, and should be maintained in the client's file. The center should only release the specific information that the client has requested be released and should take steps to verify the client's identity before releasing the information. Information should be released within the time frame specified by center policy and state law. If the client has requested ongoing information sharing between the center and any third party, such permission should automatically expire on a certain date. The client may also revoke permission to release information at any time.

Some centers refuse to provide clients who may be seeking an abortion with copies of medical records which could be used to facilitate obtaining an abortion. Centers should be aware that state laws protecting rights of conscience may not be interpreted to include refusal to release client medical records, and the client may, in fact, have a right to a copy of these records. Such centers should carefully review state law with their attorneys before denying any client access to a copy of their medical records for any reason. Such centers should also consider the benefit of maintaining the client relationship by releasing the records. Also, the practice of a center's medical director in this situation should be consistent with his/her practice in other settings, such as with private clients.

### **Use of Client Testimonials**

The center should ensure that any situation in which the client is provided with an opportunity to share their story for the benefit of the center is non-exploitative. Invitations to share a client story or image should only be extended when the client is not in a time of active crisis. Center personnel should make their best efforts to ensure that the client understands how their story may be used and freely consents to such use. Clients should also understand that receiving services in the future is in no way conditioned on allowing the center to use their story and that they have the right to seek legal counsel before

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<sup>2</sup>Appropriate encryption levels are equivalent to current standards for medical information, personally identifying information, or financial information. At the time of this writing, 256 bit encryption is appropriate.

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consenting to the use of their story. The center should not share any identifying client details publicly without the client's informed, written consent.

### **Other Considerations**

Each center will have other information which should be handled confidentially, likely including employee and volunteer contact information, identifying information related to specific donors, prospective budgets, and non-public financial details.

All personnel should understand the value the center places on protecting confidential information and that sharing such information may lead to sanctions, up to and including termination of employment or volunteer service.

# CLIENT CONFIDENTIALITY POLICY TEMPLATE (page 1)

[PLACE LOGO HERE IN HEADER]

## CLIENT CONFIDENTIALITY POLICY

### GENERAL GUIDELINES

[Center name] values the protection of confidential information. During the course of service for [center name] an employee or volunteer may learn confidential information, such as financial, personal, or medical matters affecting the lives of other employees or volunteers, or those served by [center name], or those affecting the business operations of [center name]. Unauthorized sharing of such information is prohibited.

### CLIENT CONFIDENTIALITY

Every client seen at [center name] is promised confidentiality and every center team member has a duty to uphold confidentiality, unless an exception applies. Some exceptions include when disclosure is required by law, or there exists morally compelling circumstances to break confidentiality, or when necessary to protect the client or others from serious, foreseeable, and imminent bodily harm, or when the center is engaged in a criminal or civil dispute with the client.

In almost all other situations, client information, including identity, may only be shared with the client's written permission. When in doubt, the center should consult a local attorney knowledgeable in healthcare and/or counseling law.

Every client of [center name] signs a [Request for Services] form acknowledging their understanding of the center's promise of confidentiality and its limitations prior to beginning to receive services at the center. This form includes the following disclaimer:

#### [CHOOSE ONE]:

All information shared by you during your relationship as a client with this center will be kept in strict confidence except as required by law or as required for the protection of you or others.

#### — OR —

This center holds in strict confidence the information you provide with the following exceptions: due to concern for your safety and/or state law, we are required to report knowledge of a client who is suicidal, homicidal, abusing a minor, a minor being abused, or a victim of statutory rape, or when otherwise required to disclose such information by law.

### EXPLANATION OF EXCEPTIONS TO CLIENT CONFIDENTIALITY

**Subpoenas**—Center personnel shall comply with subpoenas for client information. [See policy on subpoenas]

**Public Health**—Center personnel shall release client information related to infectious diseases as required to the appropriate public health agency. [See policy on infectious disease reporting]

**Suicide/Homicide**—Center personnel shall report to law enforcement credible threats of suicidal or homicidal intentions. [See policy on suicide/homicide reporting]

Last updated: [date]. Approved by [CEO or Board of Directors], [Center Name]

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*MEDICAL CENTERS ONLY.  
Centers offering only support services  
may delete this section.*

# CLIENT CONFIDENTIALITY POLICY TEMPLATE (page 2)

[PLACE LOGO HERE IN HEADER]

**Child Abuse/Neglect or Elder Abuse/Neglect**—Center personnel shall act as mandatory reports under state law, reporting suspicions of child abuse or neglect to law enforcement and / or the appropriate child protection agency.  
[See policy on child abuse/neglect]

**Fake Clients**—When it has been confirmed beyond a reasonable doubt that the “client” has obtained services under false pretenses, such as using the visit to produce an untruthful report on behalf of a pro-abortion advocacy organization, the center may disclose the circumstances of the visit to the extent necessary to defend their practices from falsehoods.

**Legal Disputes with the Center**—When the client has committed some crime against the center or is posing a threat to center personnel, or when the client has filed a lawsuit against the center, the center may disclose that information which is necessary to defend itself or seek justice.

## ACCESS TO CLIENT INFORMATION

Client files and personally identifying information shall be maintained securely. Only personnel having a legitimate need may access this information.

[CHOOSE ONE OR BOTH]:

Hard copy files shall be stored in a lockable filing cabinet in a lockable room. When the center is closed, all client files shall be locked and the room also locked. When the room or filing cabinet is unlocked, access to the files should be supervised by authorized personnel who can ensure they are only accessed by other authorized individuals. Keys shall only be available to center personnel who are authorized to access the files.

— AND/OR —

Electronic files shall be password protected and accessible only through a password protected computer. Passwords should be difficult to guess, changed every ninety days, and never stored where they may be accessed by unauthorized persons.

Under no circumstances may hard copy information leave the center premises nor may electronic information be shared with unauthorized persons.

When anyone other than a client requests information concerning a client, including verification of the identity of a client, that request will be refused unless the client’s written permission has been obtained or a subpoena or court order is issued. Client information is not given over the phone to anyone unless written permission has been obtained (this includes relatives, partners, medical personnel, government agents, etc.).

## CLIENT RECORD RETENTION & INTEGRITY

The center shall maintain the original record of each client for seven years, or seven years from the date of the client’s majority, whichever is longer. In no circumstances shall this record be destroyed or altered prior to that time. After that time, the client’s record may be securely destroyed.

# CLIENT CONFIDENTIALITY POLICY TEMPLATE (page 3)

[PLACE LOGO HERE IN HEADER]

## RELEASE OF CLIENT INFORMATION

A client requesting a copy of their own records or requesting that the record or any portion thereof be released to a third party shall make that request in writing, specifying what portion of the record is to be released, and when the permission to share the record expires, prior to center releasing any copy of the record. The center shall make a/an [healthcare privacy practices] authorization to release information form available to the client for this request and the center shall also accept any equivalent form from another agency, institution, or health care provider. Along with the written request, the center shall verify the client's identity by (a) requesting a copy of the client's government issued photo identification, and/or (b) comparing the signature on the written request with the client's signature on another form in the client's file. A copy of the authorization to release information form shall be maintained in the client's file.

Within the center, confidential client identifying information is shared only with persons who have a legitimate need to know. Personnel should not gossip about clients or their situations. Prayer requests should be general and should contain no client identifying information.

*[CHOOSE ONE]:*

The center only contacts clients in ways that the client has authorized in writing and shares only the types of information authorized by the client in those ways.

— OR —

Center personnel do not identify themselves when leaving phone messages for clients.

## CLIENT STORIES

Clients who have benefitted from the services of the center may be invited to share or permit the center to share their stories or related information (including photos or videos of the client and/or minor children). Invitations to share client experiences are unpressured and non-coercive. [Center name] strives to make the sharing experience empowering rather than exploitive for clients by informing clients of how their story and/or images may be used, that receiving continued services from the center is never conditioned on allowing the center to use their story or images of them or their child, and that they have the right to seek legal counsel prior to allowing use of their story and/or images. A signed form signifying this understanding shall be obtained prior to use of any client's story and/or images and this form shall be maintained in the client's file.

## DONOR / SUPPORTER INFORMATION

Non-public information about current, former, or prospective donors and supporters of [center name], including their identity, is treated as confidential and may not be shared outside of the center or with personnel who do not need access to the information.

## TRAINING

All personnel, including volunteers and staff, are trained to comply with these procedures.

Client Confidentiality Policy ©2017 Care Net

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*MEDICAL CENTERS ONLY.  
To the extent applicable, this should be a  
HIPAA compliant document (note:  
pregnancy centers are not legally required  
to be HIPAA compliant unless they are  
billing for services electronically).*

# CLIENT CONFIDENTIALITY POLICY TEMPLATE (page 4)

[PLACE LOGO HERE IN HEADER]

## UNAUTHORIZED DISCLOSURE

Any unauthorized disclosure or distribution by any means including electronic transmission or copying of [center name]'s confidential information, or that of its employees, volunteers, donors or donees, is prohibited.

## EXPECTATION TO PROTECT CONFIDENTIAL INFORMATION

Employees are expected to keep confidential all information which they receive in the course of their employment except to the extent necessary in carrying out their official duties.

## RETURN OBLIGATION

Upon termination of employment with [center name] all employees will return any confidential documents or information in their possession or stored on any personally-owned device they may use for business purposes.

## DISCIPLINARY ACTION

Any employee who discloses confidential information learned from their work for [center name] will be subject to disciplinary action, including possible termination. Unauthorized disclosure by volunteers and board members will subject the volunteer/board member to comparable sanctions.

# MEDIA CONSENT & RELEASE FORM [MINOR] (page 1)

[PLACE LOGO HERE IN HEADER]

## MEDIA CONSENT AND RELEASE (MINOR)

I want [Center Name] ("Center") to use certain information about me and/or my minor child(ren) publicly for any lawful purpose, including promotional purposes, without limitation.

Specifically, I give permission to the "Center" and to its affiliated organizations, including Care Net of Lansdowne, Virginia, [list names of any other affiliates that may use the stories] ("Affiliates") to:

- Release to the public the image or likenesses as well as comments, statements, opinions, personal stories, experiences, and/or endorsements ("material") of myself and / or the minor child(ren) in my custody listed below ("child(ren)"), including representations of my/our possessions and / or background objects, that have been shared or provided to the Center by me or my representatives or agents, as well as information regarding awards recognitions benefits, and / or services I/we have received from and through the center;
- Use, reproduce, share, compile, disseminate, and copyright such material in any form, including but not limited to photographs, motion picture films, digital audio and / or video recordings, articles, letters, stories, social media, website / online content, press releases, interviews, brochures, magazines, newsletters, emails, and manuals of any kind ("collateral");
- Use such materials for promotion, education, fundraising, advertising, broadcasting, exhibiting, or any other lawful purposes in connection with its business activities, including projects or joint projects done in conjunction with other organizations;

I prefer that: [check one]:     First names only be used     Fictitious names be used

This permission does not expire and I understand the center may use such material for an indefinite period of time and that it may be seen by persons known to me now or in the future. If I should revoke this permission in writing at any time, I acknowledge that the Center will not be required to recall any affected collateral then in use. I voluntarily waive my confidentiality and privacy rights, and/or those of my minor child(ren) with regard to the information discussed herein, and I hereby release the Center and its Affiliates from any and all liability or claims which might otherwise arise from the public disclosure of such material or information concerning me and my minor child(ren).

I give this permission and release freely. I understand this action is in no way necessary for me to receive services from the Center or its affiliates, now or in the future, and that I will NOT be compensated for the use of any of my material. I also understand that I have the right to seek legal counsel before signing this release.

Child(ren) affected:

_____ Name	_____ DOB	_____ Name	_____ DOB
_____ Name	_____ DOB	_____ Name	_____ DOB

Over please >

FOR INTERNAL USE ONLY

ID# \_\_\_\_\_ Client Alias: \_\_\_\_\_

Client Child(ren) Alias: \_\_\_\_\_

Photo(s) provided?  Yes  No Notes: \_\_\_\_\_

1

Media Consent & Release (Minor) ©2017 Care Net

*If a minor client wants to allow the center to use her story, the form MUST be signed by her parent/guardian. In such a situation, she would obtain their signature & disclose client status. The center does not disclose any client's identity without written permission.*

# MEDIA CONSENT & RELEASE FORM [MINOR] (page 2)

[PLACE LOGO HERE IN HEADER]

Client Name (print)	Client Signature	Date	
Other Person Name (print)	Relationship to Client	Signature	Date
<b>I acknowledge and consent to the minor in my custody signing this release.</b>			
Parent/Guardian Name (print)	Parent/Guardian Signature	Date	

FOR INTERNAL USE ONLY  
ID#: \_\_\_\_\_ Client Alias: \_\_\_\_\_  
Client Child(ren) Alias: \_\_\_\_\_  
Photo(s) provided?  Yes  No Notes: \_\_\_\_\_

Media Consent & Release (Minor) ©2017 Care Net

*For client's parent, partner, or other non-client adult represented in materials used, if applicable.*

*For minor client's parent or guardian having legal custody.*

# MEDIA CONSENT & RELEASE FORM [ADULT] (page 1)

[PLACE LOGO HERE IN HEADER]

## MEDIA CONSENT AND RELEASE (ADULT)

**I want [Center Name] (“Center”) to use certain information about me and/or my minor child(ren) publicly for any lawful purpose, including promotional purposes, without limitation.**

Specifically, I give permission to the “Center” and to its affiliated organizations, including Care Net of Lansdowne, Virginia, [list names of any other affiliates that may use the stories] (“Affiliates”) to:

- Release to the public the image or likenesses as well as comments, statements, opinions, personal stories, experiences, and/or endorsements (“material”) of myself and / or the minor child(ren) in my custody listed below (“child(ren)”), including representations of my/our possessions and/or background objects, that have been shared or provided to the Center by me or my representatives or agents, as well as information regarding awards recognitions benefits, and/or services I/we have received from and through the center;
- Use, reproduce, share, compile, disseminate, and copyright such material in any form, including but not limited to photographs, motion picture films, digital audio and/or video recordings, articles, letters, stories, social media, website/online content, press releases, interviews, brochures, magazines, newsletters, emails, and manuals of any kind (“collateral”);
- Use such materials for promotion, education, fundraising, advertising, broadcasting, exhibiting, or any other lawful purposes in connection with its business activities, including projects or joint projects done in conjunction with other organizations;

**I prefer that: [check one]:**     First names only be used     Fictitious names be used

This permission does not expire and I understand the center may use such material for an indefinite period of time and that it may be seen by persons known to me now or in the future. If I should revoke this permission in writing at any time, I acknowledge that the Center will not be required to recall any affected collateral then in use. I voluntarily waive my confidentiality and privacy rights, and/or those of my minor child(ren) with regard to the information discussed herein, and I hereby release the Center and its Affiliates from any and all liability or claims which might otherwise arise from the public disclosure of such material or information concerning me and my minor child(ren).

**I give this permission and release freely. I understand this action is in no way necessary for me to receive services from the Center or its affiliates, now or in the future, and that I will NOT be compensated for the use of any of my material. I also understand that I have the right to seek legal counsel before signing this release.**

Child(ren) affected:

_____ Name	_____ DOB	_____ Name	_____ DOB
_____ Name	_____ DOB	_____ Name	_____ DOB

Over Please >

FOR INTERNAL USE ONLY

ID# \_\_\_\_\_ Client Alias: \_\_\_\_\_  
Client Child(ren) Alias: \_\_\_\_\_  
Photo(s) provided?  Yes  No Notes: \_\_\_\_\_

1

Media Consent & Release (Adult) ©2017 Care Net

# MEDIA CONSENT & RELEASE FORM [ADULT] (page 2)

[PLACE LOGO HERE IN HEADER]

Client Name (print)	Client Signature	Date	
Other Person Name (print)	Relationship to Client	Signature	Date

FOR INTERNAL USE ONLY  
ID#: \_\_\_\_\_ Client Alias: \_\_\_\_\_  
Client Child(ren) Alias: \_\_\_\_\_  
Photo(s) provided?  Yes  No Notes: \_\_\_\_\_

Media Consent & Release (Adult) ©2017 Care Net

*For client's parent, partner, or other non-client adult represented in materials used, if applicable.*

# AUTHORIZATION TO RELEASE PERSONAL/HEALTH INFORMATION FORM FORM

[PLACE LOGO HERE IN HEADER]

## AUTHORIZATION TO RELEASE PERSONAL/HEALTH INFORMATION\*

### [CLIENT/PATIENT] INFORMATION

[Client/Patient] Full Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize [center name] to release and disclose my personal/health information to:

Person/Organization to Receive Information \_\_\_\_\_ Fax Number \_\_\_\_\_

Receiving Person/Organization Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I understand that information disclosed under this authorization may be subject to redisclosure by the recipient and may not be protected by federal or state privacy laws.

### Extent of Authorization

I authorize the release of my complete record.

— OR —

I authorize the release of the portion(s) of my record selected below:

- |   |   |
|---|---|
| <input type="radio"/> Medical consultation record     | <input type="radio"/> Ultrasound results              |
| <input type="radio"/> Pregnancy test results          | <input type="radio"/> STD/STI test results            |
| <input type="radio"/> Non-medical consultation record | <input type="radio"/> Education program participation |
| <input type="radio"/> OTHER (please specify): _____   |   |

MEDICAL CENTERS ONLY.

### Effective Period (choose one)

This authorization covers all past, present, or future periods.

This authorization covers records pertaining to my care from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

### Expiration

This authorization shall be in force and effect until \_\_\_\_\_ (date).

### Acknowledgement

I understand that this authorization may be revoked in writing at any time and that any revocation is not effective to the extent that any person or entity has acted in reliance on my authorization. By signing this authorization, I hereby release and indemnify [center name] from any legal claims I may have related to private rights. I understand that this authorization is voluntary and I may refuse to sign this authorization. I understand that receiving services from [center name] now or in the future is not conditioned on signing this release.

### Signatures

Client/Patient Signature (or guardian, if applicable) \_\_\_\_\_ Date \_\_\_\_\_

\* Consistent with applicable standards set by the Health Insurance Portability and Accountability Act, 45 C.F.R. parts 160 & 164.

FOR INTERNAL USE ONLY

Identity was verified using (check all that apply):  approved photo ID  signature comparison  file photo ID#: \_\_\_\_\_

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