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PCPA D&A Confidentiality Concerns and Recommendations

PCPA strongly supports laws that protect client confidentiality. The confidentiality regulations were intended to insure that a drug and/or alcohol client/patient is not harmed by disclosure of personal information. Individuals receiving treatment should not be more vulnerable than an individual who does not seek treatment. The current regulations are causing major problems for many parts of the system, but most importantly they create problems for clients. The current regulations, specifically 255.5, need to be rescinded, revised, and/or reinterpreted to **allow clients access to quality care from treatment providers** when working with the county (SCAs), insurance companies, the criminal justice system, the child welfare system, or other entities offering needed benefits. We must find a **balance that will preserve the level of confidentiality needed to protect clients while, simultaneously, allowing enough information to be shared to assure quality treatment and continuity of care to provide the highest quality of life possible.**

Of primary interest is the ability to share information when the client is fully informed, understands the consequences, and has given their consent. Safeguards must be assured; specific information to specific entities must be clearly outlined and time limited.

PCPA members have reported problems with the current regulations that fall in several primary categories:

1. County
2. Criminal Justice
3. Third Party Payors
4. Other Areas

1. County

- A. County officials are committed to serving their citizens and play an integral part of their treatment and recovery. All parties involved must be bound by confidentiality regulations and professional ethics. All must have information needed to assure that appropriate, quality care is being provided.

Examples of problems reported:

- Administrative Care Managers inability to be involved in the treatment of a client
- County MISA Coordinators inability to be involved in the treatment of client
- County Payors inability to get needed information to validate level of care and continuation of care.

2. Criminal Justice

- A. In many instances in the Commonwealth, citizens are being offered an opportunity to get treatment in lieu of incarceration. Most clients find this preferable. Working with other entities such as Judges and Probation and Parole is necessary to assuring appropriate treatment and freedom. Judges and Probation and Parole often cannot be given information that would actually keep the client out of jail/prison, even with the clients consent. (Some members have reported feeling between a rock and a hard place. Do they break the rules in order to keep countless clients out of jail?)
- B. Often clients are in treatment and are working to regain custody of their children. Parents have requested that information be shared with the court or another entity that will help them. Providers are prevented from sharing additional information without violating regulations. For example, the provider can only indicate whether a test result is negative or positive. In some instances, there are only traces, which cause a positive result, yet are only residual, not current use. However, the provider is prohibited from sharing this information, which could go a long way toward helping the client regain custody. Providers want to see parent and child reunited. (Act 126 may address these problems)

3. Third Party Payors

- A. Third Party Payors are sometimes in need of more information than 255.5 allows in order to make decisions about level of care and continued care. Providers must not be made to feel that they must choose between violating regulations and getting treatment approved for their client, especially when the client has given their consent. (When the client's treatment is jeopardized by the inability to share information the client has consented to, something is terribly wrong.)
- B. Information such as the types of drugs that are being abused and current medications are needed.
- C. Drug and Alcohol staffs are trained on the use of the PCPC yet they are prohibited by the confidentiality regulations to provide the necessary detail that appropriate use of the PCPC requires.

4. Other areas of concern:

- A. Other government entities such as the Office of Vocational Rehabilitation and the Social Security Administration sometimes need more information than the five elements to assist in getting needed benefits for clients. Information such as, medications and psychiatric illnesses.

- B. Clients often call providers and request that they call their insurance company and inquire on their behalf about benefits. In some instances the client has not yet come in to the center to sign a written consent.
- C. Clients sometimes ask providers to share information with their employers or respective employers. The current regulations only allow information about whether an individual has or is receiving treatment to be released. This is not beneficial to the client and does not allow enough information to help the client in pursuit of a new job or in keeping their current job.

Recommend that we hold a meeting with stakeholders and state officials to initiate needed changes: Review all current regulations and problems encountered and develop strategies for needed changes such rescinding, revising, or reinterpreting current regulations, or developing new regulations. Recommend that we break it down in specific arenas such as county issues, criminal justice, and third party payors. They are all not the same and should not be treated as such. To include: PRO-A, providers organizations, PACDAA, D&A Licensing, BDAP, OMHSAS, Health Law Project, IRETA, managed care, probation and parole, corrections, and judges.