

# MONTEREY COUNTY

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**DEPARTMENT OF HEALTH** RAY BULLICK, Director

ADMINISTRATION  
ANIMAL SERVICES  
BEHAVIORAL HEALTH

CLINIC SERVICES  
COMMUNITY HEALTH  
EMERGENCY MEDICAL SERVICES

ENVIRONMENTAL HEALTH  
OFFICE OF THE HEALTH OFFICER  
PUBLIC GUARDIAN

## **Confidentiality of Records**

It is the policy of the Department to organize work activities in such a way as to protect the confidentiality of clients and their records. All services offered by the Health Department are confidential in nature. Each program interprets and applies laws, policies and norms uniquely based on the type of care or service provided.

## **With Physicians, Agencies or Other Professionals**

Information may be shared verbally with specifically identified individuals and/or agencies that the client identifies. These are usually noted on the release signed by the client.

## **With Public or Clients**

Client information will not be discussed in front of other clients and other members of the public. Client information shall not be discussed outside of work.

## **Mandatory Reporting**

### Suspected Child Abuse Report:

Pursuant to section 11166 of the Penal Code, licensed staffs are mandatory reporters of any suspected child abuse or neglect to the Child Protective Service Agency and follow-up the telephone report with a written report on Form SS 8572 (Rev.1993).

### Suspected Injuries resulting from assault or abusive conduct (Domestic Violence):

Pursuant to Penal Code Section 11166-11168.2, licensed health practitioners shall report any suspected assault or abusive behavior or firearm involved in a domestic situation to the local police jurisdiction and follow-up the telephone report with a written report on Form N412 (Rev.10/95).

### Suspected Dependent Adult/Elder Abuse:

Pursuant to the Welfare and Institution Code, Chapter 11, Division 9, Section 15630(a)(1)(2) and 15633 (a)(b) health practitioners shall report to the local adult protective services agency and follow-up the report with a written report on Form SOC 341 (Rev.4/90).

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, hereby certify that I have received instructions regarding the confidential nature of Health Department records. I agree not to disclose any privileged information that I may receive or have access to while an employee of the Monterey County Health Department.

I understand that disclosing such information would be a direct violation of the terms of my employment or other relationship and could result in disciplinary actions, up to and including prosecution.

\_\_\_\_\_  
Name of Employee (PRINT)

_____ Signature	_____ Date
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