

Johnson County My Resource Connection Information Exchange Procedure Confidentiality Agreement

July 14th, 2009

Introduction

Johnson County is well known for providing quality public services to residents of the community. One manner of providing quality public services is using technology to improve service delivery to become more effective at meeting the needs of those the organization serves. My Resource Connection is a web-based resource developed with the goal of increasing the likelihood of client success. The primary purpose of this tool is to equip Human Service professionals with information that increases the understanding of a client and their needs to foster collaboration between agencies/departments serving the same individual or family. While the application has many features, Human Service professionals will largely benefit from three main features of the application that allow users to gather the following information:

- **Client Information** – Basic demographic data about individual clients and the services they are receiving from a department/agency. A client receiving services from multiple departments/agencies is flagged as a ***Mutual Client***.
- **Household Information** – Information about other clients potentially living at the same address.
- **Collaboration Contacts** – To facilitate collaboration, phone numbers and email addresses of other professionals providing service to a client are furnished.
- **Information about Human Service Agencies** – Referral and location information for community based social services in Johnson and Wyandotte counties in Kansas, and Jackson and Clay counties in Missouri.
- **Mapping** – Map/Route clients to community services. Map/Route Human Services professionals to client residences.

Procedures for Communicating with other Service Providers:

Communication fostered among Human Service providers through My Resource Connection will result in telephone or e-mail communication among service providers regarding mutual clients or mutual households. It is **expected** that users with access to My Resource Connection will engage in conversation with their counterparts in other agencies/departments regarding information about mutual clients and client household information.

Users communicating about a mutual client or a client household by telephone or e-mail **must** use My Resource Connection's **System ID number** for each client and the **clients first and last initials** to verify if they are communicating about a mutual client or mutual household shared with another service provider.

Information to be shared with other service providers:

Communication among service providers (participating in My Resource Connection) should focus on the following topics and be discussed in rank order as appropriate for the coordinating departments/agencies. If any topic listed below is not applicable to both service providers skip and proceed to next topic.

Security/Safety - This should include professional advice as to whether or not it is safe to make a home visit.

Coordination of Service – Employees should discuss services, treatment plans, and case plans to determine if any efforts are redundant or conflicting.

Immediate Client or Client Household Needs – Employees should discuss immediate client or client household needs (food, clothing, housing, transportation, health care, employment) and if needs are not met determine what attempts should be made to meet the immediate needs of a client or a client household.

Referral to other service providers – Employees should discuss if the client or the client household would benefit from services available through additional service providers.

Public Benefits – Employees should discuss if the client or the client household is currently receiving or should be receiving public benefits such as Social Security, Social Security Disability, Food Stamps, WIC, Medicaid, Medicare, Utility Assistance, Health Insurance, or TANF

Transmittable Diseases – Employees will be made aware if a mutual client carries a transmittable disease. Employees will also be made aware if the household carries a readily transmittable disease (however, this does not include diseases that are communicable only through the sharing of blood or saliva such as HIV, STDs, etc.).

Information Exchange Procedure Confidentiality Agreement

By signing this document, I agree to maintain strict confidentiality of information obtained through My Resource Connection. This information will be used only for the legitimate delivery of client services. Any breach of confidentiality will result in a notice of violation and possible termination of my access to My Resource Connection and other permitted disciplinary action, including, but not limited to, termination of my employment. I acknowledge that I have received training of how to appropriately use My Resource Connection.

Please initial to Agree to the following Statements

_____ I understand that my username and password are for my use only. I will not share them with anyone.

_____ I understand that I must take all reasonable means to keep my password hidden and secret.

_____ I understand that the only individuals who can view information included in My Resource Connection are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job. I will not look up information on family, employees, friends or for any other personal use.

_____ I understand that these rules apply to all users of My Resource Connection, whatever their role or position.

_____ I understand that I cannot and will not disclose the information I discover from either My Resource Connection data base or from other Caseworkers unless I am clearly authorized to do so pursuant to my department's policies and procedures.

_____ I understand that I have an obligation to safeguard the information I discover from My Resource Connection data base or other Caseworkers. I will not leave information unprotected at any time. I will properly destroy all written information when appropriate and I will protect my verbal communications, telephone, email, text messages, twitter talk, the information on any electronic medium (lap top, jump drive, pda, etc.) all in accordance with my department's policies and procedures.

User Signature

Department

Date of Signature