

CCFFH Substitute Caregiver (SCG) and Adult Household Member (HHM) Training

CCFFHs do not have to use samples/examples provided by CTA. However, any CCFFH may use this sample policy/form to comply with current regulations. CCFFHs are not required by CTA to utilize this specific form and may develop their own. CCFFHs may develop their own policies, make their own forms or alter any CTA sample in order to meet their individual business needs.

CTA samples are not written to comply with any legal requirements as they pertain to liability or any other required Federal or State laws or regulations. They are written only to comply with current Hawaii Administrative Rules (HAR) under HAR §11-800 as of October 01, 2021.

CTA provided samples are not inclusive to any other legal needs a CCFFH may have in their operations. It is suggested CCFFHs seek legal consultation for any specific need, particular to their circumstance, to ensure any item is legal and binding and does not violate any federal or state laws.

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Confidential client care information includes any individual identifiable information in possession or derived from a provider of health care regarding a client's medical history, mental or physical condition or treatment, as well as the client's and/or family member's records, test results, conversations, research records and financial information.

All information relating to clients will be confidential and follow all applicable Health Insurance Portability and Accountability Act (HIPAA) laws.

Caregivers and adult household members will safeguard confidential information about clients. Including but not limited to:

1. Storage of client charts and medications
2. Procedure for visitation and phone calls
3. Maintaining client privacy

The CCFFH will inform clients about their confidentiality practices and will respect client privacy rights.

Client charts and reports are confidential and will not be released without the written consent of the client or the client's legal representative, as applicable. The client's CMA will be informed of any request for the release of information concerning clients and will retain a copy of the client's written consent to release information.

By signing below, I agree:

1. To follow the CCFFH's confidentiality and privacy policies and procedures
2. To respect and maintain confidentiality of all discussions, deliberations, client care records and other information in connection with client care.
3. To access client care information only in the performance of my duties and where permitted by law.
4. To make no voluntary disclosure of any client information except to persons authorized to receive it under HIPAA law.
5. Not to discuss client information outside of the workplace or within hearing distance of other persons who are not authorized to know such information.
6. To follow the CCFFH's emergency management plan including fire safety and evacuation.

CHECK ONE:

<input type="checkbox"/> HHM or <input type="checkbox"/> SCG	Print Name: _____
	Signature: _____ Date: _____
<input type="checkbox"/> HHM or <input type="checkbox"/> SCG	Print Name: _____
	Signature: _____ Date: _____
<input type="checkbox"/> HHM or <input type="checkbox"/> SCG	Print Name: _____
	Signature: _____ Date: _____
<input type="checkbox"/> HHM or <input type="checkbox"/> SCG	Print Name: _____
	Signature: _____ Date: _____
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