

SOCIAL SERVICE ORGANIZATION  
POLICIES ON CONFIDENTIALITY  
IN ST. JOHN'S, NEWFOUNDLAND

CENTRE FOR NEWFOUNDLAND STUDIES

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SOCIAL SERVICE ORGANIZATION POLICIES ON CONFIDENTIALITY  
IN ST. JOHN'S, NEWFOUNDLAND

by

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Abstract

Surprisingly, little is known about the attitudes and practices of the Canadian social work profession with respect to confidentiality. This study documents and evaluates formal and informal confidentiality policies of a group of social service organizations in St. John's, Newfoundland.

The study sample is comprised of 14 social service organizations. Each organization submitted documentation about their formal policies on confidentiality and also responded to a questionnaire concerning informal practices on confidentiality. Background data on the participating organizations were also collected by means of a questionnaire.

The study found that only six organizations had formal policy documents on confidentiality while all the organizations had informal policies. The formal policies were, on the whole, not comprehensive or highly protective of client rights to confidentiality. An examination of the informal policies revealed that client rights to confidentiality were generally well protected.

A relationship between the content of the policy and the administrator's formal training in social work, policy-making responsibilities and interest in confidentiality issues was noted. Policies more supportive of client rights to confidentiality were most frequently found in organizations where the administrator lacked formal training in social work and was personally responsible for, and interested in formulating confidentiality policies. On the other hand, policies which were less supportive of client rights were

more frequently found in organizations where the administrator had formal training in social work, did not hold personal responsibility for formulating policies on confidentiality and claimed little interest in the subject area.

It is apparent from the study sample that there is a need for more definitive policies on confidentiality and in particular, more formal policy documentation. The study concludes with suggestions as to how a developmental process can be used to raise the awareness of both administrators and workers regarding confidentiality issues.

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Social Service Organization Policies on Confidentiality  
in St. John's, Newfoundland

It has been charged that "... compared to other professions, social work has dealt with the issue of confidentiality ... on a rather superficial level" (Wilson, 1978, p. 202). Wilson's study, conducted in the United States, found that both the guidelines formulated by the profession for itself and the concern or respect shown by individual social workers toward confidentiality issues were basically superficial. An examination of the professional codes within Canada does not lead one to believe that the situation is any different on this side of the border.

The small amount of available literature dealing with confidentiality in social work is mostly American in origin. In fact, little is known of the subject in the Canadian context. This study is a quantitative-descriptive investigation of formal and informal confidentiality policies of randomly selected social service organizations in St. John's, Newfoundland.\*

With the recent introduction of the Canadian Charter of Rights, the need for such a study of the state of confidentiality policies is evident. Canadian citizens can be expected to become more conscious and assertive of their rights. In this regard, the protection of rights becomes an issue for clients making use of social services and

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\* Formal policies refer to policies which have been recorded in writing while informal policies are those policies which have not been recorded in writing.



for social workers and organizations engaged in providing such services.

This study's findings are preceded by a brief account of the importance of confidentiality, its standing within other professions and a comprehensive review of earlier studies on confidentiality in social work. The first and more theoretical part of this study provides both a framework and historical background from which the empirical data of the study are reviewed and discussed.

Throughout this study the terms confidence, private, social service organization and upper level social service administrator frequently recur. The term "confidence" is defined as a feeling of trust; an assurance that a person will not tell others what is said. (Gage, 1973, p. 240). "Private" is defined as something which is not for public review, but for a few special people or for one person. (Gage, 1973, p. 879). The term "social service organization" refers to an organization whose primary function is to define or alter a person's or group's behaviour, attributes and social status in order to maintain or enhance the well-being of the individual or group (Hasenfeld and English, 1974, p. 1). The term "upper level social service administrator" refers to the person responsible for overseeing the day-to-day management of a social service organization; most commonly the executive director or his or her deputy.

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Review of the Literature

The literature reviewed will be organized according to the following topics: 1) the importance of confidentiality; 2) recognition of the importance of confidentiality in professional codes and the law; 3) confidentiality and free access to information; and 4) the practice of confidentiality in social work, in the past and the present.

The Importance of Confidentiality

Social work is a helping profession which focuses on the following major tasks: assisting people to utilize their problem-solving and coping skills; establishing and facilitating linkages between people and resources at both an individual and societal level; developing and modifying social policy; dispensing material resources; and serving as agents of social control (Pincus and Minahan, 1973).

In helping professions like social work, confidentiality is important for two reasons. One is pragmatic and the other is ethical. The pragmatic reason is of particular importance to the social work counselling role. For example, effective counselling often requires detailed knowledge of clients and their difficulties. However, client embarrassment and fears of judgment or self-incrimination can block access to certain information in the counselling session. One practical way to alleviate this difficulty is to reduce client anxiety over the sharing of information. Thus, guarantees of confidentiality may provide a context in which embarrassment and anxiety are minimized because of restricted disclosure.

In addition to its practical importance, confidentiality is

important for an ethical reason. Ethical obligations to hold information received from another in confidence exist either where there has been an expressed promise not to disclose information, or when the type of information revealed and the circumstances in which it has been revealed imply such an obligation. Usually an implied obligation will exist where the information shared is personal. As only the owner of a personal possession, be it their body or their belongings, may authorize its use by another, so only a person sharing personal information may authorize its use (or the manner and circumstances in which it may be used) by another.

Recognition of the importance of confidentiality. The importance and validity of claims to confidentiality have long been recognized by professional codes and legal systems. The Hippocratic Oath of ancient Greece, the first known professional code, addressed, among other things, duties regarding confidentiality. Translated in part it reads:

"Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret" (Dickens, 1978, p. 256).

[and]

"While I continue to keep this oath inviolate, may it be granted to me to enjoy life and the practice of my art, respected always by all men, but should I trespass and violate this oath; may the reverse be my lot" (Shores, 1978, p. 138).

Other professions, including the social work profession, have since adopted various positions on confidentiality and incorporated

then into their codes or statements outlining obligations of confidentiality. Some have also included consequences of infractions, as noted in the Hippocratic Oath previously cited.

In addition to recognition of claims to privacy and confidentiality by professional governing bodies, recognition has also historically been acknowledged by Parliament and the legal system. Legal provisions protecting privacy date back to the Code of Hammurabi. Hammurabi, King of Babylonia in 1950 BC, developed The Codification of Amorite dynasty law (Shores, 1978). This code established the rights of individuals to maintain control over their own bodies (Reynolds, 1977).

More recently, the nineteenth century saw the introduction of legislation which protected parties disclosing personal information in courtroom testimony and when supplying government census information (The Right to Privacy in Nineteenth Century America, 1981). In 1974, the United States government created The Privacy Act. This act was founded on the principle that individuals have a right to know who has information about them, what it is, and the right to control access to and use of that information. For example, government agencies are required to maintain accurate, relevant, timely and complete data irrespective of the nature of data collected. Appropriate administrative, technical and physical supports to ensure the security and confidentiality of records are also established in the act (Nye, 1980).

In Canada, similar legislation has been before Parliament. In July 1980 the Conservative government introduced Bill C-43 to enact an 'Access to Information' and a new 'Privacy Act.' This bill lapsed with the ensuing change in government. Despite repeated promises, the

Liberal government has yet to pass similar legislation.

The courts also have recognized the importance of confidentiality. In the seventeenth century, the English courts developed a doctrine of privileged communication which continues to this day. Originally an oath or pledge of secrecy secured information against disclosure in courtroom testimony. However, since the eighteenth century, the privilege has been based upon subjective considerations (McLachlin, 1977). The courts have recognized that an assurance of confidentiality was necessary, in some circumstances, to secure an open and relaxed exchange of information (Callahan, 1976; Borow, 1981). Thus, the right of privileged communication provided this assurance. In this regard, the relationship of attorney and client was the first professional relationship to be granted the right of privileged communication.

In the nineteenth century, courts began to more fully recognize the individual's right to privacy, the right of which confidentiality is an aspect. Judge Cooley, in the late nineteenth century, provided the first judicial definition of privacy as the right to be let alone (Brown and Shamal, 1980). This definition was expanded by L. Brandeis (later a United States Supreme Court judge) and S. Warren in 1890. They advocated recognition of an individual's right to privacy in the conduct of his affairs of his life, free from unwarranted and unsolicited intrusion (Nye, 1980).

In a seminal law article in The Harvard Law Review (1890), Brandeis and Warren argued that Anglo-American common law allows individuals the right to determine how their thoughts, sentiments and

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emotions should be communicated to and used by others. This notion was rooted in the recognition that personal matters were private, hence, must be protected from unjustifiable intrusion (Reynolds, 1977). Since this article, legal scholars have organized an extensive collection of case law into a common law of privacy. One should note however, that the Canadian courts and judicial system have been slower to accept these efforts than their American counterparts.

#### Confidentiality and Free Access to Information

Despite the attention given confidentiality and privacy in the past, the precise limits of claims to confidentiality and privacy remain uncertain (Brown and Shamai, 1980; The Report of the Committee on Freedom of Information and Individual Privacy, 1980; Price, 1980; Dubord, 1981). This uncertainty would not be important if claims to confidentiality were the only concern. However, claims to confidentiality are often confronted by another legitimate but opposite claim -- the right to know or the right to have free access to information.

The controversy between these two claims is illustrated by the legal doctrine of privileged communication, mentioned earlier. This doctrine is legally significant as it opposes the general rule that courts may compel anyone who knows about matters relevant to a case, to testify about those matters. This general rule favours informed judicial decision-making over claims to confidentiality. The exception to the general rule, privileged communication, favours claims to confidentiality over the court's claim to have before it all relevant evidence when making decisions.

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The same issue appears in many other situations. For example, social workers are confronted by requests for information obtained from clients not only by courts, but by lawyers representing clients, physicians treating clients, by other social workers assisting the client and by relatives. Viewed separately each of these requests may be legitimate. However, each also contends with the client's right to confidentiality.

The court issue apart, each of these situations requires a judgement by the social worker as to whether the client's claim to confidentiality, or the third party's claim to access to information is to be upheld. At present, little guidance in making such judgements is provided by law or by the profession's governing bodies. The proposed federal legislation, mentioned earlier, does not specifically address the potential conflict between confidentiality and free access to information in the social work context. Nor do the very general terms of the Canadian Association of Social Workers' professional code of ethics provide any real assistance in resolving this type of situation. Their statement of confidentiality and privacy states:

"I will protect the confidentiality of all professionally acquired information. I will disclose such information only when properly authorized or obligated legally or professionally to do so." (C.A.S.W., 1983, p. 3)

Even with respect to the one situation where decisions on this issue are not made by the social worker, the area of court testimony, the situation is uncertain. In the past, communication between clients and workers have not been privileged. However, a decision by the Supreme Court of Canada in 1976, raised the possi-

bility that, in the future, worker-client communication may be privileged. In Slavutych VS Baker/Collier, Swift and the Board of Governors of the University of Alberta (1976), the Supreme Court adopted the following test for privileged communication. This test has four components:

- 1) Information is shared with the assurance that it will not be disclosed;
- 2) Confidentiality is essential to foster the relationship between the parties;
- 3) The community believes the relationship is one that should be encouraged;
- 4) The injury from disclosure outweighs the benefit gained by revealing the truth.

The social worker-client relationship satisfies the first three components. With respect to the fourth, conceivably the injury resulting from disclosure could be perceived as too high a cost to pay for the benefits gained through disclosure. Therefore, it is possible that in the future, courts will hold that social workers cannot be compelled to reveal in court information received in confidence. At least one United States court has already taken this step. A social worker called upon to give certain testimony in a child custody hearing refused, on the grounds that she would violate her professional code of ethics. The judge honoured her refusal on this basis alone (see Dubord, 1981).

#### The Practice of Confidentiality in Social Work: The Past

Ironically, confidentiality and privacy have generally not been highly valued in the past, by those engaged in providing social services (Price, 1980). For example, prior to the nineteenth century, care of the needy in North America was largely undertaken by the family. Thus,



families shared in providing care to destitute individuals for a part of each year (Trattner, 1974; Pumphrey and Pumphrey, 1961). In the early 1800's, large scale migration, rapid industrialization and wide-spread urbanization weakened family stability. With this development, care of the needy shifted from the family to institutional settings. Almshouses, county poor houses or farms, orphanages, penitentiaries and mental hospitals began to house more and more of the destitute (Turner and Turner, 1981).

Charity organizations were created to bring together voluntary and public charities providing relief services for the needy. These organizations served as bureaus of information, registration and investigation. Client records were openly shared between organizations in an effort to minimize service duplication, eliminate fraud and distinguish between the 'worthy' poor, those in need through no fault of their own, and 'unworthy' poor (Axinn and Levin, 1975). Mary Richmond, considered by many to be the 'First Lady of Social Work,' advocated that a client's situation be fully investigated using collateral contacts such as relatives and friends (Richmond, 1910; 1956).

By the early 1900's however, this process of social investigation and the use of collateral resources diminished as social workers came under the influence of Sigmund Freud's psychoanalytic theory, with its emphasis on intrapersonal problems. The client's description of problems and personal history became more important than interpretations from third parties. This led to privacy and confidential communication being viewed as an essential part of the professional therapeutic relationship (Richmond, 1917). Nevertheless, in practice, client information

continued to be freely shared both within and between organizations. This practice was not regarded as a breach of confidence as the information obtained from the client was considered to be the property of the organization and not the client.

#### The Practice of Confidentiality in Social Work: The Present

Recent American studies have produced a complex picture of the position of confidentiality in the recent practice of social work. Most strikingly, there appears to be some contradiction between professional attitudes on issues related to confidentiality and behaviour in practice situations. This anomaly may be symptomatic of a process of development in which attitude changes precede changes in practice. Studies by Dubord (1981), Price (1980), and Abel and Johnson (1978) which are supportive of this notion will be reviewed. Particular confidentiality problems identified by these studies will be noted. Finally, the only Canadian study addressing confidentiality issues will be examined.

Dubord's (1981) study of 167 certified urban and rural practitioners in the state of Minnesota found that a significant majority of social workers believed that information obtained from clients should be held in confidence. Seventy-five percent of the study participants believed that client information should not be shared, unless consent had been obtained from the client providing the information. These findings suggest that, in theory, client rights to confidentiality are recognized as legitimate and important. Yet this same study found that in practice 89% of the respondents discussed clients with colleagues and peers while on coffee breaks, while 57% discussed client information

with their spouse or family members. Price, in his 1980 study of 200 certified social workers in the state of Utah, also found that confidentiality was most often breached through the improper release of information and by casual conversation with peers and staff.

The same contrast between attitude and practice appears, though less apparent, with respect to the issue of what information about clients should be recorded. The notion that the more information a worker has about his client -- the better, is generally pervasive throughout social service organizations. This has resulted in social work records containing both pertinent, concrete data as well as inappropriate and inaccurate information (Schuchman, 1980). Included are hearsay statements, discrepant diagnostic labels, speculation on causes and problems and differential assessments of treatability and prognosis (Reid, 1974). Given that there will always be some circumstances in which third parties may legitimately claim access to recordings, client privacy may be seriously undermined when data of this nature are stored in records.

Price (1980) suggested that inappropriate, speculative and minimally beneficial recordings will not substantially change until clients have full access to their records. Abel and Johnson (1978), in a study of 1,000 certified social workers practicing in the United States, found that organizations having such client access had in fact restricted recordings in areas such as prognosis, speculation on problem cause, hearsay statements, highly personal data, diagnostic labels, personality traits, psychiatric and psychological test results and previous admissions to correctional or psychiatric settings.

Price (1980) also found that 61% of the respondents in his study believed clients should have access to their records. However, if this were to occur, 78% reported they would record their practices differently. Similarly, Dubord (1981) indicated that the majority (95%) of social workers in his study felt their clients should have access to their records. Specifically, 68% believed workers would record differently if clients had full access to review their records. Abel and Johnson (1978) found that 57% of the social workers they surveyed favoured clients having access to their records. Again there appears to be a discrepancy between attitudes and practices. A majority of the workers in the studies mentioned, believed clients should be permitted access to their records and that rights of access would affect recording practices. Yet, workers still had not, of their own initiative, adopted revised recording practices.

One way to limit inappropriate, speculative and minimally beneficial recordings and to improve the accuracy of recordings is noted as being the actual involvement of clients in the recording process (Lowenberg, 1977; Warnsun, Ullman and Nyland, 1978). Twenty-nine percent of the organizations surveyed by Price (1980), and 56% of the organizations surveyed by Dubord (1981) had such policies on the correction and amendment of records by clients. Granting clients access to records, and/or involvement in the recording process, ensures that clients make more informed decisions when being asked to consent to third party access. Modern studies have also highlighted particular problems which need to be addressed if client confidentiality is to be adequately protected by the social work profession. These problems

centre around the inadequacy of formal policies on confidentiality.

A 1959 study by Alves, of 48 caseworkers from four east coast cities in the United States found that 77% of the social service organizations surveyed either did not have formal policies on confidentiality, or the workers were not aware of them. A study by Price (1980) of 111 social workers registered in the State of Utah found that 27% of them reported working in organizations which did not have formal policies addressing confidentiality. A further 17% indicated that they did not know whether their organization had a policy on confidentiality. By contrast, Dubord's (1981) study, involving 167 social workers from urban and rural social service agencies in Minnesota, found an encouraging 74% of the organizations sampled had formal policies on confidentiality. Only 8% of the respondents reported not knowing whether their organization had such policies.

The existence of a formal policy alone is not seen as sufficient to protect client confidentiality, as much depends on the content and comprehensiveness of the policy. Wilson (1978), in a study of 54 social workers practising throughout the United States, found that many organizations which had formal policies addressing confidentiality tended to give minimal attention to the issue, making vague statements such as 'we must maintain confidentiality.' This author stated that social work practitioners need policies which address several levels of activity. These include: government-regulatory agencies, the business sector, public and private social service organizations, and individual social work practitioners. In this regard, policies should be comprehensive, conforming to current statutes and regulations, good practice and the ethical standards of the profession. In addition, they should periodically be reviewed to ensure their continuing relevance to, and acceptance by, social workers (Schuchman, 1980).

Wilson (1978) also pointed out that confidentiality problems are not exclusively confined to direct service practitioners receiving client information. She outlined two reasons for the importance of confidentiality to personnel such as administrators, supervisors, researchers and policy-makers. First, they are often confronted with individual situations requiring judgment on matters of confidentiality, such as requests for information on employees and clients. Second, they hold positions of influence and authority over direct service practitioners. Their role as overseers, investigators or creators of policies provides an obvious opportunity to influence practices which affect all workers and clients in the organization. In addition, they usually have the authority to hold direct service practitioners accountable for possible breaches.

Noll and Hanlon (1976) further drew attention to this group. Their study revealed that mental health directors in the United States varied in their interpretation and practice in situations involving client rights to confidentiality. Specifically, 56% of the 240 mental health centre directors reported releasing identifying information without client consent. Sixty-six percent of the 54 state directors reported receiving similar identifying information from centre directors, with 38% of them not knowing whether clients had been informed. This occurred even though the ethical codes of the National Association of Social Workers, American Medical Association and American Psychological Association all claim respect for the confidentiality of client communication and recognize the client's right to privacy.

Finally, in addition to problems associated with the inadequacy of

formal policies on confidentiality, Wilson (1978) found that 28% of the 54 social workers surveyed, most being executives and supervisors, thought they did not have privileged communication when they did. Nine percent believed they had the right to privileged communication, when they did not and another 9% did not know. This was despite most of the respondents having had more than 10 years working experience since their graduate studies.

There has been only one published study on the current standing and practice of confidentiality in the Canadian context. In general, it echoes the findings of the American studies previously reviewed. This study conducted by the Ontario Ministry of Community and Social Services' Committee on Confidentiality (1977) found that senior administrators regularly exchanged client information with district offices and other parties without client consent. It was found that information was freely shared with:

- 1) offices of the Ministry, municipal social services, federal social services and private social services;
  - 2) schools, banks, insurance companies, hospitals and physicians;
  - 3) employers, potential employers and the client's family members;
  - 4) politicians, lawyers and client rights groups;
  - 5) police, credit companies, landlords and merchants
- (The Report of the Committee on Freedom of Information and Individual Privacy, 1980, p. 242).

This same study found that the sources and nature of information in its records required the Ministry to limit access on a selective and discretionary basis.

The Ontario report did make reference to one issue not mentioned in the American studies -- the problems created when client information is stored in computer systems. Most of the problems so created derive

from the frequent interlocking of computer systems. For example, the Ontario investigation on confidentiality found that clients are not informed about the computerized system and who has legitimate access to it (The Report of the Committee on Freedom of Information and Individual Privacy, 1980). It is recognized that policies need to be reassessed to ensure that confidentiality and privacy are protected when information is stored in this form (Noble, 1971).

Summary

This literature review has examined the importance of confidentiality in social work and the degree of recognition that it has been given by professional bodies and the legal system. Limits imposed on claims to confidentiality were identified as were the social work profession's attitudes and practices, both past and present, with respect to confidentiality and client rights.

In its origin, the social work profession did not value client rights to confidentiality. However, a concern for privacy and respect for the confidentiality of client information developed with the advent of new interventive theories, for example, Freud's psychoanalytic theory. Recent American studies have found that a majority of social workers recognize claims to confidentiality by clients. Specifically, social workers recognize, in varying degrees, that information obtained from clients should be held in confidence, that some control should be exercised about recorded information obtained from clients and that clients should be permitted access to their records with a right to change or appeal these records. Despite such recognition, practice lags



behind such attitudes and opinions. The studies reviewed clearly showed that policies establishing client rights to confidentiality are, in most cases, inadequate or non-existent. Not only are such policies vague but they also fail to address all the relevant issues.

Little is known about the position taken by Canadian social service organizations on confidentiality issues. To date, there has been only one published report on this topic. As the public become increasingly aware of individual rights, following the adoption of a new constitution and charter of rights, it becomes necessary to know more about the position and attitudes of Canadian social service organizations in regard to confidentiality issues.

### Research Questions

The confidentiality policies of social service organizations in St. John's, Newfoundland have not been formally and collectively studied. In 1982, social service administrators from health organizations in St. John's met to evaluate their confidentiality policies and to develop policies which would better protect their patients from confidentiality breaches. At the time of this study, these health organizations were at various stages in their implementation of the recommendations reached at the meetings.

This study is the first quantitative-descriptive investigation of confidentiality policies among social service organizations in St. John's, Newfoundland. Following are the principal research questions which this study sought to answer.

- 1) Do social service organizations in St. John's have formal or informal policies on confidentiality?
- 2) What are those policies?
- 3) How comprehensive and detailed are those policies?
- 4) Who is responsible for the formulation and revision of those policies?

In addition to these principal questions, demographic data on the administrators and organizations participating in the study were also sought.

Answers to these questions were obtained using a questionnaire and through analyzing formal policy documents submitted by the participating organizations. The questionnaire was designed with regard to issues identified in the literature review as being pertinent to confidentiality.

## Method

### The Setting and Population

The setting for this study is St. John's, Newfoundland, Canada. According to the 1978 Census of Statistics Canada, the population of Newfoundland was 578,000. Of this total, 31.5% reside in the island's two major cities, St. John's on the east coast and Corner Brook on the west coast. St. John's, with a population of 156,700, is the larger of the two. The remainder of Newfoundland's population (68.5%) is scattered in small inland towns or coastal communities frequently referred to as 'outports'.

The social service organizations comprising the study sample are located in and service the St. John's area and region. The term "social service organization" refers to social service agencies, including in some instances social service departments within larger organizations.

### Procedure

Initially, the study intended to research only confidentiality policies set out in formal policy documents. An analysis of these documents was to be supplemented by data obtained from a brief questionnaire, designed to obtain background data on the participating upper level social service administrators (hereafter referred to simply as administrators, unless specified otherwise) and the formal policies of their respective organizations.

At the onset, the Deputy Minister of Social Services, was advised

of the study via telephone and letter and approval was obtained to include social service organizations under the jurisdiction of this government department (see Appendix A). Subsequently, 29 public and/or private social service organizations located in St. John's were selected from the Community Services Council Directory (C.S.C.D.) (1981) listing of social service organizations operating in Newfoundland. Altogether the C.S.C.D. listed 51 organizations operating in seven different service areas. Organizations were randomly selected from each of these areas in proportion to the number of organizations in each area. The organizations selected were then requested to participate in the study. Of the 29 organizations contacted, 19 agreed to participate, three were no longer in operation, and seven chose not to participate.

The sample ( $n=19$ ) were asked to submit copies of their formal confidentiality policies and respond to the questionnaire. The questionnaire included both open-ended and closed questions from a second study being conducted at the same time by a fellow graduate student on the subject of confidentiality issues (see Appendix B). The combined questionnaire had two parts relevant to this study. Part I sought information on the specific background of the respondent and the nature of the organization s/he administered. Part II included questions of a more general nature related to the origin of the organization's policies on confidentiality, how staff were made aware of these and knowledge of confidentiality policies of other social service organizations.

The results obtained at this stage of the study fell short of expectations. While all 19 organizations responded to the questionnaire, only six submitted copies of their formal policies on confidentiality,

the other 13 having no formal policy document on confidentiality at all. An analysis of these policies is reported in the following chapter.

The paucity of formal policies suggested that a more complete and accurate picture of social service organization policies on confidentiality required enquiry into both formal and informal policies. Subsequently, a second questionnaire was prepared with this broader focus. Of the 19 original respondents, only 14 were willing to participate and these comprised the final study sample.

The second questionnaire contained both open-ended and closed questions and was administered via a telephone interview (see Appendix C). Information was collected and organized according to three sections. Section I sought information on policies related to record-keeping practices. Section II sought information on policies regarding access to client information by parties within and outside the organization, and section III contained general background questions. More specifically, information was sought on the following: Did the organization have a policy on the manner in which information was to be reported and recorded? Was there a provision in the client's relationship to his or her record, with particular reference to the client's right to view, change or appeal the record? Was there a provision on the sharing of client information within the organization, with limits on what could be shared? Was there a provision on the sharing of client information outside the organization? Did the policy specify that clients be informed of sharing both within and outside the organization? Information was also sought on who authorized policies; how often policies were reviewed and by whom; whether staff training on confidentiality was provided; and whether

breaches of confidentiality were perceived as having occurred in the respondent's organization.

The policy section of the questionnaire used in the first phase was not formally pre-tested, however the questionnaire designed for the second phase was pre-tested in a telephone interview with a social service administrator. The results of this pre-test provided information which led to the refinement of the instrument to its present form (see Appendix C).

## Results and Discussion

The study results are presented and discussed according to:

- 1) Background and Demographic Data, and 2) Confidentiality Policies.

### I Background and Demographic Data

The 14 organizations ( $n = 14$ ) representing the study sample include a variety of client organizations and practice situations. For example, included in this sample were organizations which focused on health services, residential treatment, family services, vocational rehabilitation, financial aid, crisis intervention and correctional services. The majority of organizations provided health (36%) or family (29%) services through prevention, crisis-intervention, problem-solving and follow-up care. Price's (1980) study contained a similar breakdown of health and family service organizations, 45% and 27%, respectively.

Table 1 illustrates the demographic characteristics of the organizations participating in the study sample.

Table 1  
 Demographic Characteristics of the  
 Organizations in the Study Sample ( $n = 14$ )

Organization	Major Service Provision	Organization Size*
1. Department of Social Services	Income maintenance	20+
2. The General Hospital, Health Science Complex (MDN)	Health services	11-20
3. The Waterford Hospital	Mental health	11-20
4. Dr. Charles A. Janeway Child Health Centre	Health services	5-10
5. The Grace General Hospital	Health services	5-10
6. Emanuel House	Residential treatment facility	2- 5
7. Exon House	Residential treatment facility	2- 5
8. The Family Life Bureau	Family services	2- 5
9. Rape Crisis and Information Centre	Crisis intervention	2- 5
10. The St. John's Home Care Program	Health services	1
11. The United Church Family and Community Services	Family services	1
12. The Water Street Children's Home	Residential treatment facility	1
13. The John Howard Society of Newfoundland	Correctional services	1
14. The St. John's Community Counselling Centre	Family services and vocational rehabilitation	1

Note. (\*) Size refers to the number of full and part-time social work, and/or social service employees.



The 14 administrators employed at these organizations included five males and nine females. Their ages ranged from 27 to 62 years with a mean age ( $\bar{X}$ ) of 40 with a standard deviation (S.D.) of nine. From this group, 11 were Newfoundlanders, one was from another Canadian province, and two were from outside Canada. Nine of the sample were married and five were single, separated, divorced or widowed.

In regard to educational attainment, 11 had university qualifications ranging from baccalaureate to post-graduate degrees. Seven of the respondents had bachelor's degrees in social work with two holding a Master's degree in social work. These qualifications were received, on average, 15 years prior to the time of study. The remaining three were without formal university or college qualifications.

The study participant's employment tenure in social services ranged from 4 to 26 years ( $\bar{X}$  = 9 years). All had administrative responsibilities and two of the respondents were engaged in direct practice, and/or teaching duties (in addition to their administrative responsibilities). One administrative task was to develop and review the organization's confidentiality policies. Four administrators obtained assistance from their social work staff in policy formulation, while two consulted with attorneys and/or their Board of Directors in addition to their staff.

All respondents were generally receptive to the study. In fact, three were eager to discuss confidentiality issues beyond the scope of the study and welcomed the study as an opportunity to discuss and evaluate the protection provided client privacy through their policies. Four of the administrators were willing to discuss confidentiality issues, but

indicated they were content with the current state of their policies. Seven administrators were reluctant to discuss confidentiality issues beyond responding to the specific enquiries raised in the questionnaire. In this regard, they stated that their policies were adequate and were not in need of review.

Only one consistent trend emerged from analysis of these demographic data. Administrators with a strong interest in discussing confidentiality issues also tended to be those responsible for formulating policies, and had the lowest academic qualifications. Conversely, those with the least interest in discussing confidentiality issues were better qualified academically than the other respondents, but were less involved in policy formulation.

## II Confidentiality Policies

The study, as previously mentioned, investigated both formal and informal policies on confidentiality. The presentation which follows maintains this distinction. Data on formal and informal policies are presented in separate sections. Two tables are used in each section to emphasize the policies' articulation of certain issues. The first table lists five principal issues which the literature suggested were important in protecting or promoting confidentiality. These are: 1) reporting practice; 2) recording practices; 3) the client's relationship to his or her record; 4) the sharing of information within the organization; and 5) the sharing of information with third parties outside the organization (Wilson, 1978). The second table reviews, in more detail, particular aspects of the principal issues.

Following the separate presentation of data on formal and informal policies, a summary table is presented. Finally, the most detailed and least detailed policies are compared. The presentation of these data are followed by discussion.

Formal policies. Six organizations indicated they had formal policies on confidentiality. All six formal policies stated that information regarding clients was to be held in confidence. However, considerable variation existed among the policies in their specification of procedures designed to meet this common goal, and in their identification of limits or exceptions toward this common goal.

Only one of the six formal policy documents addressed the issue of reporting information. This document indicated that client information should be reported in writing and treated as confidential.

Two policy documents addressed the issue of recording information. Specifically, one indicated that the process of recording should be performed in a private area in the organization's offices. The other indicated that confidentiality was to be respected in recording situations, and that only information both pertinent to the situation, and/or beneficial to the client and family be recorded.

Three policy documents addressed the subject of sharing information within the organization. Two of these specified that information could be shared where, in the professional judgment of the worker, it could assist the client. The third specified that the anonymity of the client was to be preserved in all instances where information was shared in the organization.

Finally, three policy documents addressed the issue of sharing

information with third parties from outside the organization. All three permitted information to be shared when it was considered beneficial to the client's well-being, provided that written consent had been obtained from the client or his guardian. One of these also required that consent be regularly updated. It was not clear in examining the other two policies whether consent was to be obtained only once, or obtained anew with respect to each request to share information. One policy had a provision which permitted the need for written consent to be overlooked in exceptional cases, such as the apprehension of a child or a neglectful adult. All three of these policies provided examples of their consent forms.

Formal policies were generally developed and reviewed by the organization's administrator in consultation with the social work staff in three organizations sampled, while one organization sought assistance from only supervisory staff. The Board of Directors, attorneys, and social work staff had input in policy-making in one other organization. Administrators consulted with attorneys and social work staff in another organization. Four organizations reported that confidentiality policies were reviewed as the need arose. One other organization reviewed their policies annually and another did every other year.

Staff were advised of the organization's formal policies through a variety of mechanisms. Five organizations informed staff during their initial personnel orientation. This was supplemented by supervision in four of the five organizations, in-service training and an information package in two of the five organizations, and a policy manual in one of the five organizations. The remaining organization informed their staff of confidentiality policies through supervision and the policy manual.

Table 2 presents findings regarding the inclusion or specification of the five principal issues cited in the literature review as being pertinent in formal confidentiality policies.

Table 2  
The Comprehensiveness of Formal Confidentiality Policies  
with regard to Major Issues ( $n = 6$ )

Major Issues	Inclusion	
	Yes	No
1. Provision on reporting information	1	5
2. Provision on recording information	2	4
3. Provision on client's relationship to his or her record	0	6
4. Provision on the sharing of client information within organization	3	3
5. Provision on the sharing of client information outside organization	5	3

As noted, four of the five major issues were addressed by at least one of the six organizations. However, overall the six policies reviewed were not comprehensively addressed. Out of a possible 30 issues (six policies by five issues), the six policies jointly addressed only nine issues.

Table 3 presents data on the nature of specific provisions related to the sharing of client information (as identified by issues 4 and 5 of Table 2).

Table 3  
 The Nature of Specific Provisions  
 about the Sharing of Client Information  
 in Agencies with Formal Confidentiality Policies ( $n = 6$ )

Provisions for Information Sharing	Inclusion	
	Yes	No
1. Clients informed that information shared within the organization	0	6
2. Limits placed on information shared within the organization	3	3
3. Clients informed that information shared outside the organization	0	6
4. Clients informed each time information is shared outside the organization	0	6
5. Clients informed of third party requests for information	0	6
6. Consent forms used in third party access	3	3

The data breakdown noted in Table 3 reveals that the formal policies are not detailed. For example, four of the six areas of specific provision were not addressed at all in the six policy documents reviewed. One should also note that as no policy document addressed the issue of the client's relationship to his or her record, there was also no consideration given to such matters as whether a client could view, change, appeal or obtain copies of his or her record.

Informal policies. Unlike the situation with respect to formal

policies, all 14 of the sample organizations had informal policies on confidentiality. In six of these organizations the informal policy existed in addition to the formal policies previously described. As with the formal policies, considerable variation existed among the informal policies in the procedure or manner by which confidentiality was protected. Limits or exceptions to the protection given client information also varied between policies.

Ten of the 14 organizations in the sample had informal policies related to reporting and recording information. Specifically, three organizations stated the length of time an inactive record was to be kept, and how inactive records were to be stored, and/or disposed. Two other organizations also dealt with this latter issue of record storage, and/or disposal.

Clients were permitted to view, change or appeal their records' content in five of these 14 organizations. Three of these organizations also permitted clients to have copies of their records. In only two of these five organizations were clients informed of their right to view their records, with one of these two also informing their clients of their right to change or appeal their records' content.

Client information was freely shared in most organizations as workers consulted with one another about their cases. Administrators generally encouraged and supported this practice. Eight of the 14 organizations had a policy of openly sharing client information with colleagues in the same organization. Two others insisted verbal consent from the client be obtained prior to sharing client information within the organization. One other organization limited sharing to relevant

data. On the whole, it was assumed that workers employed in the same organization are sensitive to and protective of client privacy because of a concern to avoid giving cause for legal action against the organization. While six of the 14 organizations reported that clients were told that information was shared with co-workers in the organization, the majority of administrators ( $n = 8$ ) thought this to be unnecessary. They believed clients would assume that information would be shared with other employees of the organization in the process of co-worker co-operation and support.

Third parties such as lawyers, doctors, social workers from other organizations and immediate family were permitted access to client information in 10 of the organizations surveyed. The administrators of these organizations often encouraged unrestricted access in the belief that sharing information was essential to effective intervention.

Four of the 14 organizations had consent forms on file, while five other organizations required only verbal consent for the sharing of information with third parties. The four organizations having consent forms on file did not consistently use them. The administrators of these four organizations explained that as the local social work community was small and practitioners knew each other well, practitioners were able to trust others to use shared information discreetly.

Clients were informed that information was shared outside the organization in 11 of the 14 organizations. Nine of these organizations informed clients of each occasion on which information was shared. Five of the nine organizations plus one other informed their clients of third party requests for information. Administrators from organizations not informing clients of such requests ( $n = 8$ ), frequently commented that



such a policy was undesirable as it raised unnecessary fears in the client as to the workers' use of information obtained from the client.

Informal policies were developed and reviewed by the organization's administrator in 12 of the organizations. Eleven of these administrators consulted with others when formulating policies. Assistance was sought from the social work staff in eight organizations, while in two organizations the social work staff and a government social policy committee participated. In one organization the administrator consulted with the Minister of Social Services and his or her aides. Policies were formulated and reviewed by parties outside the organization in two of the organizations. A national organization was responsible for the policies in one organization while in the other, a government social policy committee formulated and reviewed the organization's confidentiality policies.

Informal confidentiality policies were reviewed annually in two of the 14 organizations. Four others reviewed their policies sporadically, while one other did so when events arose which suggested their policy was inadequate. The remaining seven organizations reported never reviewing their policies.

Four of the 14 administrators reported knowledge of confidentiality breaches in their respective organizations. Interestingly, these were administrators of small organizations where close and continuous liaison and co-operation with staff was evident. Breaches due to inappropriate and improper sharing with colleagues and peers were the most common examples cited in these four organizations. Administrators ( $n = 8$ ) who were generally uncertain about breaches assumed that privacy was fully safeguarded.

Eleven administrators reported knowing that organizations they associated with had policies on confidentiality. The state of these policies were, to a large extent, unknown to these administrators. This would suggest that there was little, if any, co-operation and consultation in policy formulation among social service organizations sampled in St. John's, Newfoundland.

As the survey instrument only addressed more salient features related to confidentiality, administrators were asked whether their organization had policies on confidentiality issues not referred to in the questionnaire. Two organizations indicated they had 'other' policies, as such. One of the two mentioned that the organization was insured against claims for breach of confidence. Staff evaluation(s) included the workers' practices with respect to confidentiality in the other organization.

Table 4 presents the findings regarding the inclusion or specification of the five major issues related to the informal policies.

Table 4  
 The Comprehensiveness of Informal Confidentiality Policies  
 with regard to Major Issues (n = 14)

Major Issues	Inclusion	
	Yes	No
1. Provision on reporting information	10	4
2. Provision on recording information	10	4
3. Provision on client's relationship to his or her record	6	8
4. Provision on the sharing of client information within organization	11	3
5. Provision on the sharing of client information outside organization	10	4

This table reveals that a majority of the organizations (10 or more of 14) addressed four of the five major issues with respect to confidentiality.

Table 5 presents data about the nature of specific provisions related to the client's relationship to his or her record, and the sharing of client information (as encompassed by items 3, 4 and 5 of Table 4).

Table 5

The Nature of Specific Provisions on the Client's Relationship  
to his or her Record and the Sharing  
of Client Information in Agencies  
with Informal Confidentiality Policies (n = 14)

Provisions on Client's Relationship to his or her Record	Inclusion	
	Yes	No
1. Clients given access to records	5	9
2. Clients informed of right to access	2	12
3. Clients can change or appeal records	5	9
4. Clients informed of right to change or appeal records	1	13
5. Clients can have copy of records	3	11
<u>Provisions for Information Sharing</u>		
6. Clients informed that information shared within the organization	6	8
7. Limits placed on information shared within the organization	3	11
8. Clients informed that information shared outside the organization	11	3
9. Clients informed each time information is shared outside the organization	9	5
10. Clients informed of third party requests for information	6	8
11. Consent forms used in third party access	4	10

It is apparent from Table 5 that more attention has been given to detail in the specification of informal policies as compared to the formal policies (see Table 3).

The greater overall comprehensiveness and detail of the informal policies as compared to the formal policies raises the question as to the reason for these differences. Two very general and mutually exclusive explanations may be considered. Either the tendency to deal more comprehensively and in greater detail with confidentiality issues in an informal manner was a result of a deliberate choice by administrators; or it arose for other reasons.

During the ensuing telephone interviews a number of administrators indicated that they intended to formalize their informal policies at some time in the future. Such intentions would seem to negate the first explanation. However, with regard to the alternate explanation, this study can only speculate as to what other reason(s) may explain the contrast between formal and informal policies. For example, policies which have been informally adopted may not be formalized immediately, as limited administrative resources tend to be absorbed in immediate day-to-day tasks. Some limited support for this hypothesis may be found in the data previously reported. As indicated, formal policies more frequently occurred among larger organizations with larger administrative staffs. Of the 14 organizations surveyed, three of the five largest (organizations with five or more social workers) had formal policies while only one of the five smallest (organizations with one social worker) had a formal policy. While these data alone cannot firmly establish the limited administrative resources hypothesis, certainly organization size

does appear to be a factor in the extent to which an organization's confidentiality policy is formalized.

Formal and informal policies. Table 6 combines the data on formal and informal policies. The respective policy provisions are ranked in a descending order from the most common through to the least common.

Table 6

## Formal and Informal Confidentiality Policy Provisions

Ranked according to Frequency ( $n = 14$ )

Provisions	Inclusion	
	Yes	No
1. Provision on recording information	12	2
2. Provision on reporting information	11	3
3. Clients informed that information shared outside the organization	11	3
4. Clients informed each time information is shared outside the organization	9	5
5. Consent forms used in third party access	7	7
6. Clients informed of third party requests for information	6	8
7. Clients informed that information shared within the organization	6	8
8. Limits placed on information shared within the organization	6	8
9. Clients given access to records	5	9
10. Clients can change or appeal records	5	9
11. Clients can have copy of records	3	11
12. Clients informed of right to access	2	12
13. Clients informed of right to change or appeal records	1	13

The ranked order of policy provisions in Table 6 may be broadly described as provisions on recording and reporting, the sharing of client information outside and within the organization, and the client's relationship to his or her record. The literature review revealed that the moral significance of privacy and confidentiality rests on the assumption that an individual owns himself and thus is entitled to control the use of personal information. However, Table 6 reveals that policy provisions which give the client the largest degree of control over personal information, the right to change or appeal records and related provisions, are the least common. A provision which gives the client less control over personal information, the right to withhold consent to the sharing of information with third parties, is more common. Provisions on reporting and recording, and others which give the client no direct control over personal information, are the most common. Thus, there appears to be an inverse relationship between, on the one hand, the frequency of a provision and, on the other hand, the degree of control over personal information given to a client, and hence, the strength of the client's right to confidentiality.

Most detailed and least detailed confidentiality policies. The preceding presentation of the data on confidentiality policies has been organized with reference to the frequency of types of provisions. Another way of organizing the data is to review individually the complete policy (either informal or both formal and informal) in each organization. When the policies of all 14 organizations are reviewed in this manner, the policies of two organizations clearly stand out as being the most detailed, while the policies of three organizations appear to be the



least so. The remaining nine organizations hold policies roughly similar with respect to their detail, being neither exceptionally detailed nor exceptionally lacking in detail.

Table 7 presents the policies of the five organizations which stand out as being clearly either the most or least detailed. The five organizations listed in the table are nominally referred to by the letters A through E. It should be noted that the order in which these organizations are presented bears no relationship to the ordering of organizations by reference to size, as used in Table 1.

Table 7  
 Policies of Organizations having the Most  
 Detailed and Least Detailed  
 Confidentiality Policies (n = 5)

Provisions on Reporting and Recording	Inclusion				
	A	B	C	D	E
1. Provision on reporting information	X	X	X		X
2. Provision on recording information	X	X	X		X
<u>Provision on Client's Relationship to his or her Record<sup>N</sup></u>					
3. Clients given access to records	X	X			
4. Clients informed of right to access	X				
5. Clients can change or appeal records	X	X			
6. Clients informed of right to change or appeal records					
7. Clients can have copy of records	X	X			
<u>Provision on Client Information</u>					
8. Clients informed that information shared within the organization	X	X			
9. Limits placed on information shared within the organization				X	
10. Clients informed that information shared outside the organization	X	X			X
11. Clients informed each time information is shared outside the organization	X	X			
12. Clients informed of third party requests for information	X	X			
13. Consent forms used in third party access	X	X			

Consideration of the demographic characteristics of the five organizations represented in Table 7 reveals a possible relationship between the detail of a policy and three characteristics of the organization's administrator. The first of these is the interest of an administrator in confidentiality issues. The two administrators from organizations A and B both claimed to be interested in confidentiality whereas all three administrators from organizations C, D and E claimed to be disinterested in confidentiality. It is not surprising to find interested administrators matched with detailed policies and disinterested administrators matched with policies lacking in detail.

The second relationship which appears is surprising. The two administrators from organizations A and B are both involved in policy formulation, whereas two of the three administrators from organizations C, D and E were not involved in policy formulation. Rather, they received their policies from a central office. This suggests that administrators with policy making responsibilities are more aware of and active in guarding client confidentiality than administrators who receive policy directives from elsewhere in the organization. While this may be related to factors of organizational structure and size it does point to the importance of administrative accountability at all levels and the need for professional sensitivity and responsiveness to these issues regardless of organizational position.

The third relationship is again surprising. The two administrators from organizations A and B had no academic qualifications in social work, while two of the three administrators from organizations C, D and E had received academic training in social work. This suggests that academic training in social work does not lead to an appreciation of confidentiality issues, or that worse, it may actually lead to less appreciation

than exists with those who have no formal academic training in social work.

The earlier review of the demographic data on all 14 organizations, found that administrative interest in confidentiality was generally accompanied by an absence of academic qualifications in social work and involvement in policy formulation, while disinterest was accompanied by academic qualifications in social work and non-involvement in policy formulation. This earlier finding fits with and, in part, supports the relationship that appears here between detailed policies and administrative interest, involvement in policy formulation and absence of qualifications on the one hand, and policies lacking in detail, administrative disinterest, non-involvement in policy formulation and academic qualifications on the other hand.

Comparative data. Both favourable and unfavourable contrasts may be drawn from the studies previously reviewed. The degree of formalization in this study approximates that found in Alves' 1959 study. However, the later studies of Price (1980) and Dubord (1981) found policies to be far more frequently formalized than the policies in this study. Provisions on client access to records were more common in this study sample than in Price's (1980) study but not so common as in Dubord's (1981) study. With respect to the obtaining of client consent when sharing client information with third parties, comparative attitudes lagged behind the policies actually adopted by a large percentage of this study sample. Finally, the two most common confidentiality violations found by Price (1980) and Dubord (1981), inappropriate and improper sharing of client information with colleagues and peers,

proved also to be the most common confidentiality violations in this study.

Summary

This section has presented the study's methodology, the demographic data on the participating administrators and organizations, and data on the formal and informal confidentiality policies of the participating organizations. The major findings may be summarized as follows:

1. Informal policies were more common than formal policies, despite no expressed administrative preference for informality.
2. Informal policies were more comprehensive and detailed than formal policies.
3. Most policies were developed by administrators with the assistance of staff and were not subjected to regular review.
4. There appeared to be a correlation between the content of a policy and administrative characteristics.

Each of these findings is comprehensively presented in the following section.

## Conclusions and Recommendations

### Conclusions

This study was a quantitative-descriptive investigation of the confidentiality policies of selected social service organizations in St. John's, Newfoundland. The study sought to discover whether organizations had formal or informal confidentiality policies, the content of policies and whether they were comprehensive and detailed, and who was responsible for formulating and reviewing policies. The study's findings correspond to each of these points of enquiry. In addition to these findings, the study also found several correlations between the characteristics of administrators and the content of confidentiality policies. Each of these findings will be presented in turn.

Finding #1: The form taken by policies. Six of the 19 social service organizations comprising the initial study sample had formal confidentiality policies. Subsequently, five organizations withdrew from the study. All 14 organizations comprising the final study sample, had informal confidentiality policies. This group of 14 organizations included the six organizations with formal policies.

No conclusive explanation of the limited degree of formalization, existing at the time of the study, appeared. As most administrators indicated they intended to formalize their informal policies at some future time, the limited degree of formalization found cannot be attributed to a conscious preference for informality. A correlation between formalization and organizational size (formal policies appeared more frequently among larger organizations) raises the possibility that

the formal or informal state of a policy merely reflects the availability of administrative resources to engage in the task of formalization.

Finding #2: The content of policies; their comprehensiveness and detail. Confidentiality policies were reviewed for their coverage of five major issues, and 11 more particular points. Informal policies were far more comprehensive than the formal policies. The five major issues, recording, reporting, the client's relationship to his or her record, the sharing of information within the organization and the sharing of information outside the organization were addressed in three or fewer of the formal policies. By contrast, all but one of the five major issues were addressed in 10 or more of the informal policies.

Informal policies were also found to be far more detailed than formal policies. Only the sharing of client information inside and outside the organization received any detailed treatment in the formal policies. The client's relationship to his or her record, the sharing of information inside the organization, and the sharing of information outside the organization did receive detailed treatment in some informal policies. In particular, provisions allowing clients access to their records existed in five of the policies, provisions requiring clients to be informed that information was shared within the organization existed in six of the policies, and provisions requiring clients to be informed that information was shared outside the organization existed in 11 of the policies. Half of the organizations surveyed required consent forms to be used before information was shared outside the organization. Overall, provisions giving clients little control of personal information were more common than provisions

giving clients greater direct control of personal information.

Finding #3: The source of policies. All formal policies were developed and reviewed by the organization's administrator in consultation with various other parties such as professional staff, the Board of Directors and Attorneys. Policies tended to be reviewed when difficulties with the policy arose, rather than on a regular basis.

In all but two organizations, informal policies were developed in the same manner as formal policies. Half of the organizations reported never reviewing their informal policies, while most others reviewed informal policies only sporadically.

Finding #4: Correlation between policy content and demographic data.

A comparison of the organizations having the most detailed policies with the organizations having the least detailed policies suggested a possible relationship between the degree of comprehensiveness of an organization's policy and three variables:

- 1) interest of the administrator,
- 2) academic qualifications of the administrator,
- 3) policy-making responsibilities of the administrator.

Administrators who were interested in confidentiality, without academic training in social work, and involved in policy formulation were found in organizations having the most detailed policies. Administrators who were not interested in confidentiality, held academic qualifications with respect to social work, and were not involved in policy formulation



were found in organizations having the least detailed policies.

#### Limitations

The study results are subject to several limitations. These limitations relate both to the results themselves and the use to which the results may be put.

The first limitation concerns the method adopted to gather data. The accuracy of data gathered by means of a questionnaire will always be subject to the risk of respondents understanding questions in a sense different from that intended. Two possibly anomalous results in the data suggest this risk may have eventuated. Two respondents reported that their informal policies were received from a central office. While it is possible that administrators did receive and pass on instructions from a central office in an informal fashion, experience suggests that at least an office memorandum, subsequently filed, is likely to have been used in such a process. If this were the case, the policy would be, under the definition adopted in this study, a formal policy. The study would be improved if these particular results were cross-checked in some fashion.

The second limitation concerns the uses to which the study results may be put. As previously mentioned, little is known about the confidentiality policies of Canadian social service organizations. This study represents only a small step in filling that gap for two reasons. First, the small sample size at most permits only very tentative generalizations to be made beyond the actual data. Second, even if there were a larger sample size, the fact that all the participating organizations were located in St. John's limits the possibility of generalizing from

the study to areas other than Newfoundland.

Generalizations about the study sample itself, over a period of time, are also limited. Changes in policy among the study participants can be expected for several reasons. A number of administrators indicated that they intended to formalize policies at some future time. Informal policies themselves may also be subject to change. An informal policy may arise by means of an explicit decision or arise more casually as a common practice. Organizations which reported that they never reviewed their informal policies probably had informal policies which developed from common practices. The maintenance of an informal policy that is in essence, a common practice, depends upon a stable community. Where considerable staff turnover exists, informal policies are likely to have little permanence. Finally, the process of participating in the study may lead to changes in the policies of the participating organizations.

The significance of the study results would be increased if the scope of the study was expanded in two directions. An enquiry into the form and content of policies dealing with issues other than confidentiality would reveal the relative importance placed on confidentiality policies in particular. An enquiry into how successfully policies were implemented would reveal the importance placed on confidentiality policies in reality.

#### Recommendations

Without question, both the literature and this study support the contention that social service organizations need to develop written policies to more fully safeguard the confidentiality of the clients they

service. They must do this simply because confidentiality is an important aspect of the client-helper relationship. Also, as the Canadian public become increasingly 'rights conscious' as a result of the new Charter of Rights, confidentiality issues will become more visible. In such a climate, changes may be initiated by Parliament or the courts. However, it is preferable that any changes, to better safeguard privacy rights, come from within the profession. Waiting for direction from Parliament or the courts may result in the development of policies or guidelines which inhibit an organization's ability to function effectively. Moreover, leaving policy development to Parliament or the courts generally abrogates the social work profession's responsibility towards its clients.

Sources of organizational change in the profession include the Canadian Association of Social Workers, the Canadian Schools of Social Work and social service organizations. A stronger and clearer lead in the recognition, protection and promotion of client rights of privacy should come from the professional association. The Association instructs social workers to disclose client information only when properly authorized or obligated legally or professionally to do so (C.A.S.W. Code of Ethics, 1983). While this most recent statement goes considerably further than previously in explicating this important principle, it is recognized that much remains to be done in the areas of formal education for practice and reinforcing professional accountability through appropriate work behavior.

Altering the Association's statement on confidentiality to better protect client privacy can, in itself, serve as an educative tool. Inviting the membership to participate in the formulation of a more

comprehensive statement on client privacy would not only alert members to this right, but may also arouse their general interest in client rights.

Canadian Schools of Social Work (if the relationship between academic qualification and disinterest in client rights is apparent, as was found) must evaluate the quality and thrust of education being provided in social work programs. If a pervasive undercurrent which places little importance on client rights exists, then a very careful analysis of the curriculum and manner in which material is taught, is required to remedy the situation. An attitude of disinterest probably cannot be rectified by just adding a course on client rights.

Social service organizations should include in their orientation of personnel to the organization, current and updated information on the organization's position with regard to client privacy. This should be supplemented with periodic staff development and in-service training sessions on confidentiality issues, along with an interpretation of the organization's policies. Staff should also be kept informed of any legal developments.

Incentives to attend continuing education courses and workshops focusing on client rights should be offered to the organization's staff. Incentives to contribute to social work literature through professional writing on the subject of confidentiality should also be provided.

Administrators must assess their knowledge, understanding and attitudes towards client rights prior to developing or evaluating the policies, guidelines and practices of their organization to ensure

that they protect and uphold client rights. Administrators should work together with available resource people from educational institutions, government departments and community organizations in increasing their knowledge, awareness and understanding of this subject. This process may result in the development of policies which better safeguard client rights and at the same time enhance professional communication.

Finally, it is suggested that a policy favouring client rights should contain the following particular provisions in the areas of record-keeping and client information. With regard to record-keeping:

- 1) the policy should permit clients to have access to their records;
- 2) it should require clients to be informed of their right to access;
- 3) it should permit clients to change and appeal their records;
- 4) it should require clients to be informed of their right to change or appeal records; and
- 5) it should permit clients to have copies of their records.

In the area of client information, the following are recommended:

- 1) where information is shared within the organization, the policy should require that clients be informed of this practice;
- 2) a policy should place some limit on the type of information which may be shared within the organization;
- 3) where information is shared outside the organization, it should place some limit on the type of information which may be shared;
- 4) it should require clients to be told each time information is shared outside the organization;
- 5) it should require clients to be told of third party requests for information; and
- 6) it should require consent forms to be used in relation to the release of information to third parties.

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## Appendix A

14 Rennie Mill Road  
St. John's, Newfoundland  
AIC 3P8  
March 25, 1982

Mr. Gilbert Pike  
Deputy Minister  
Department of Social Services  
Confederation Building  
St. John's, Newfoundland  
AIC 5T7

Dear Mr. Pike:

Following is a brief outline of the research study on confidentiality I discussed with you during our telephone conversation of March 23, 1982.

The intent of the study is to obtain data on policy and practice issues relating to confidentiality within social service settings. Policy and practice regarding confidentiality will be examined through an evaluation of policy statements and by means of a questionnaire. Administrators and social service staff within social service settings in the City of St. John's will be issued the questionnaire. Enclosed please find a copy of the questionnaire. We ask that you do not disclose this information with your colleagues due to the potential influence it may have on the data.

The findings shall be incorporated into a Master's Thesis in Social Work. They will be handled with appropriate research protocol in concordance with regulations governing research with human subjects. Agency and personnel identity will not be disclosed. Copies of the findings shall be available to participating agencies, upon request.

We are most grateful for your expressed interest. I trust this will meet your requirements.

Sincerely,

Connie Faenza      Richard Morris

Enclosure

## Appendix B

Dear Participant,

This questionnaire is being administered to gather data on Social Work practice and policy in the area of confidentiality. Social Workers and Administrators in the city of St. John's will provide the subject pool for this research.

The information obtained through the questionnaire will be the focus for the respective theses of the undersigned. These theses are in partial fulfillment of the Master's degree programme in Social Work at Memorial University of Newfoundland.

Your co-operation in this research is greatly appreciated, and will hopefully shed light on a presently untapped area of Social Work practice and policy in Canada.

Sincere thanks,

---

Connie Faenza, Social Work Graduate Student

---

Richard Morris, Social Work Graduate Student

DIRECTIONS

- TO ENSURE YOUR PRIVACY, PLEASE DO NOT WRITE YOUR NAME ON THIS QUESTIONNAIRE.
- PLEASE COMPLETE ALL QUESTIONS.
- PLEASE DO NOT SHARE YOUR EXPERIENCES WITH OTHERS.
- YOUR ANSWERS SHALL BE VIEWED BY THE RESEARCHERS ONLY.

PART I: BACKGROUND DATA

Please answer each question by circling the correct number or writing the correct response.

1. Are you currently employed as a Social Worker? 1=YES 2=NO
2. SEX: 1=FEMALE 2=MALE
3. AGE: \_\_\_\_\_ years
4. ETHNIC ORIGIN: 1-Newfoundlander 2=Other Canadian 3=United States  
4=Other \_\_\_\_\_
5. MARITAL STATUS: 1=Single 2=Married 3=Widowed 4=Divorced  
5=Separated 6=Common-Law Relationship
6. EDUCATIONAL BACKGROUND: (Circle the highest attained level only)  
1=Some High School 2=High School Graduate 3=Some College  
4=College Graduate (B.S.W.) 5=College Graduate (other than B.S.W.)  
6=M.S.W. 7=Doctorate 8=Other (specify) \_\_\_\_\_
7. How long has it been since you attained your current academic level? \_\_\_\_\_ yrs.
8. JOB EXPERIENCE: How long have you been employed as a Social Worker? \_\_\_\_\_ yrs.
9. In what type of agency are you currently employed? (Circle one only)  
01=Department of Social Services 02=Health Services  
03=Mental Health 04=Residential Treatment  
05=Correctional Services 06=Family Services  
07=Vocational Rehabilitation 08=Other (specify) \_\_\_\_\_
10. How many Social Workers are employed by your agency?  
1=One 2=Two to Five 3=Five to Ten 4=Eleven to Twenty  
5=More than Twenty
11. MAJOR AREA OF PROFESSIONAL RESPONSIBILITY: (Circle one answer only)  
01=Administration 02=Planning  
03=Community Organization 04=Research  
05=Supervision 06=Direct Practice  
07=Teaching or Training 08=Other (specify) \_\_\_\_\_



3. Worker A has been seeing client John Brown for approximately six months. During the past two months, John has expressed aggressive feelings toward his estranged girlfriend. During one interview, he intimates to Worker A that he wants to kill the girlfriend. Worker A, unsure of the seriousness of John's intent, is aware of his long history of violent behaviour. Worker A tells John that the girlfriend will be contacted concerning his threats. Worker A telephones the girlfriend to alert her of possible harm from John.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1-----2-----3-----4-----5  
 Not Confident At All Very Confident

4. Worker A receives a call from a prospective employer of Jane Brown, a client of the worker. "We are considering hiring Jane," says the employer, "but we understand that she has some personal problems. Could you give us some information on her present state?" Worker A responds by offering the employer some information assuring that indeed Jane is fit for work. The employer indicates that Jane will be hired on a trial basis, which Worker A feels will be a positive step for Jane.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1-----2-----3-----4-----5  
 Not Confident At All Very Confident

5. Worker A receives a telephone call from Judge Green requesting information about Worker A's dealings with Jane Doe, a client of two years. The worker realizes that this information may well be injurious to Jane. This is especially problematic as Worker A feels that Jane is just beginning to progress, and this could be a major setback at this time. Worker A reluctantly gives the judge the information.



HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1 2 3 4 5  
Not Confident Very  
At All Confident

6. Worker A, in the first week of a new job, is assigned Mary Smith as a client. Mary asks Worker A, "If I tell you something will you promise not to repeat it?" Worker A agrees. Mary tells Worker A that her husband has been beating her and their ten year old daughter for the past year. Worker A tells Mary that Child Welfare will have to be contacted but Mary refuses to consider this action. Worker A proceeds to contact Child Welfare and informs them of the situation in the Smith home.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1 2 3 4 5  
Not Confident Very  
At All Confident

7. Worker A, in preparing for a case conference on client John White, borrows part of the file to prepare a report. Unable to finish the report during the day, Worker A brings the file home in a briefcase and finishes it that evening. The file is returned by Worker A the following morning.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1 2 3 4 5  
Not Confident Very  
At All Confident

8. Worker A, a newly graduated social worker, has been working with client Joan Doe for two months. Worker A is experiencing much difficulty with the case. Worker A approaches Worker B, a highly regarded and experienced co-worker, for advice on the handling of the case. Worker A shares all of his information on Joan and receives useful suggestions from Worker B.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1                      2                      3                      4                      5  
 Not Confident                      Very  
 At All                      Confident

9. During lunch break, Worker A overhears a staff member telling "a story" about Jane White. Jane is a client of Worker A and the story is both untrue and hurtful to Jane's character. Worker A interrupts the staff member, stating, "You must be mistaken. Jane is a client of mine and I can assure you that your story is untrue. Furthermore, it is very unprofessional of you to discuss people in such a manner."

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1                      2                      3                      4                      5  
 Not Confident                      Very  
 At All                      Confident

10. Worker A receives a request from an authorized university research team to provide client data for use in a government funded study. The data required pertains to a specific client population. Worker A submits copies of 25 case files, with all identifying details blotted out. The research team concludes from the data collected that service is unnecessary for this client population. Government subsequently withholds funding from service for this client population.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION? 1=YES 2=NO

Please rank the degree of confidence you have in your answer on the space below.

1                      2                      3                      4                      5  
 Not Confident                      Very  
 At All                      Confident

PART III: OTHER BACKGROUND QUESTIONS

Please answer each question by circling the correct number or writing the correct response.

1. How many of the situations described in PART II of this questionnaire represent situations which are familiar to you in their occurrence (either from personal work experience or through second-hand knowledge of similar instances)?

(0-10) \_\_\_\_\_

2. When you were in school, did you ever receive formal training (i.e. lectures, coursework) about confidentiality in Social Work Practice? 1=YES 2=NO

3. If YES to Question 2, please circle the response which best represents your opinion of this training.

1	2	3
LESS THAN ADEQUATE	ADEQUATE	MORE THAN ADEQUATE

4. In your present job, have you received any formal training (i.e. orientation, in-service) about confidentiality in Social Work practice? 1=YES 2=NO

5. If YES to Question 4, please circle the response which best represents your opinion of this training.

1	2	3
LESS THAN ADEQUATE	ADEQUATE	MORE THAN ADEQUATE

6. How often, on average, does a situation arise at work where confidentiality is an issue for you as a Social Worker?  
 01=Never    02=Less than once monthly    03=Monthly  
 04=Twice per month    05=Weekly    06=More than once per week.
- 
7. How important is confidentiality to you relative to other practice issues?

1	2	3
LESS	EQUALLY	MORE
IMPORTANT	IMPORTANT	IMPORTANT

---

8. Do you feel you would benefit from further training in confidentiality?  
 1=YES    2=NO
- 
9. Have you ever done any independent reading in the area of confidentiality in Social Work practice?  
 1=YES    2=NO
- 
10. Does your agency have a formal written policy regarding confidentiality?  
 1=YES    2=NO    3=I DON'T KNOW
- 
11. Does your agency provide written consent forms to Social Workers for release of information on client data?  
 1=YES    2=NO    3=I DON'T KNOW
- 
12. Have you ever been personally involved in a legal or administrative procedure where your use of confidentiality was an issue?  
 1=YES    2=NO

---

THANK YOU FOR YOUR CO-OPERATION IN COMPLETING THIS QUESTIONNAIRE. IT'S MUCH APPRECIATED.

PROVISION OF CONFIDENTIALITY POLICIES AND GUIDELINES

Please answer each question by circling the appropriate number or writing the appropriate response.

1. In your opinion, do the majority of agencies you associate with have policies or guidelines on confidentiality?

1 = yes                      2 = no                      3 = don't know

2. If yes to the above, are their policies or guidelines on confidentiality in writing?

1 = yes                      2 = no                      3 = don't know

3. Does your agency or department have written policies or guidelines on confidentiality?

1 = yes                      2 = no                      3 = don't know

If yes, please proceed to question 5.

If no, please proceed to the next question.

4. Does your agency or department have informal policies or guidelines on confidentiality?

1 = yes                      2 = no                      3 = don't know

If yes, please proceed to the next question.

If no, you have now completed the questionnaire. Thank you for your assistance.

5. How are your staff informed of the policies or guidelines on confidentiality?

01 = orientation training

02 = information package

03 = in-service training

04 = supervision

05 = combination of above (please specify) \_\_\_\_\_

06 = other (please specify) \_\_\_\_\_

If you answered no to question 3, you have now completed the questionnaire. Thank you for your assistance.

If you answered yes to question 3, please proceed to the next question.

6. Who makes the policies or guidelines on confidentiality for your agency or department?

- 01 = Board of Directors
- 02 = Administrators
- 03 = Board of Directors in consultation with Administrators
- 04 = Board of Directors in consultation with Administrators and Supervisors
- 05 = Board of Directors in consultation with Administrators, Supervisors and Staff
- 06 = Board of Directors in consultation with Attorneys
- 07 = Board of Directors in consultation with Attorneys and Administrators
- 08 = Board of Directors in consultation with Attorneys, Administrators and Supervisors
- 09 = Board of Directors in consultation with Attorneys, Administrators, Supervisors and Staff
- 10 = combination of above (please specify) \_\_\_\_\_
- 11 = other (please specify) \_\_\_\_\_

7. How often are your policies or guidelines on confidentiality reviewed?  
 1 = as need arises 2 = once per year 3 = once every two years

8. Who reviews and revises your policies or guidelines on confidentiality?

- 01 = Board of Directors
- 02 = Administrators
- 03 = Board of Directors in consultation with Administrators
- 04 = Board of Directors in consultation with Administrators and Supervisors
- 05 = Board of Directors in consultation with Administrators, Supervisors and Staff
- 06 = Board of Directors in consultation with Attorneys
- 07 = Board of Directors in consultation with Attorneys and Administrators
- 08 = Board of Directors in consultation with Attorneys, Administrators and Supervisors
- 09 = Board of Directors in consultation with Attorneys, Administrators, Supervisors and Staff
- 10 = combination of above (please specify) \_\_\_\_\_
- 11 = other (please specify) \_\_\_\_\_

You have completed the questionnaire.

PLEASE INCLUDE A COPY OF YOUR WRITTEN POLICIES OR GUIDELINES ON CONFIDENTIALITY WITH THIS QUESTIONNAIRE.

Thank you for your assistance.

## Appendix C

Unrecorded Policies or Guidelines on Confidentiality

The questions in this section concern your social work agency or department policies or guidelines on Reporting and Record-keeping Practices.

1. Does your agency or social work department have unrecorded policies or guidelines on reporting information?

1 - yes                      2 - no

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2. Does your agency or social work department have unrecorded policies or guidelines on recording information?

1 - yes                      2 - no

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3. How long are inactive, closed files kept?
- 
- 

4. How are the closed files stored and what is done with them?
- 
- 

5. Do clients have access to their files in your agency or social work department?

1 - yes                      2 - no

---

---

Unrecorded Policies or Guidelines on Confidentiality continued

6. Are clients told they have access to their files?

1 - yes                      2 - no

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7. Can clients make changes to their records or appeal certain things in their records?

1 - yes                      2 - no

---



---

8. Are clients told they can make changes to their records or appeal their records?

1 - yes                      2 - no

---



---

9. Can clients have copies of their records?

1 - yes                      2 - no

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The next set of questions concerns the use of Client information.

- A. Can you give us an example of how information about clients is shared within your agency or social work department, between co-workers?

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Unrecorded Policies or Guidelines on Confidentiality continued

- B. Are clients told that information about them is shared with others within your agency or social work department?

1 - yes                      2 - no

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---

- C. Is there any particular information which cannot be shared inside your agency or social work department, between co-workers?

1 - yes                      2 - no

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---

- D. Do third parties, such as lawyers, doctors, social workers from other agencies or social work departments, or relatives have access to records in your agency or social work department?

1 - yes                      2 - no

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- E. Can you give me an example of how a record would be shared with a third party, such as a lawyer or relative?
- 
- 
- 

- F. Is there any particular information which cannot be shared outside your agency or social work department, between workers and third parties, such as lawyers, doctors, social workers from other agencies or social work departments, or relatives?

1 - yes                      2 - no

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Unrecorded Policies or Guidelines on Confidentiality continued

- G. Are clients told that information about them is shared with others outside your agency or social work department?

1 - yes                      2 - no

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- H. Are clients informed each time information is shared outside your agency or social work department?

1 - yes                      2 - no

---



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- I. Are clients told who requests information about them from individuals other than your agency or social work department staff?

1 - yes                      2 - no

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- J. Does your agency or social work department have consent forms for the release of information or records on clients?

1 - yes                      2 - no

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The following questions are about Confidentiality in General.

1. Do you have any other policies or guidelines on confidentiality?

1 - yes                      2 - no

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Unrecorded Policies or Guidelines on Confidentiality continued

2. Who determines policies or guidelines on confidentiality for your agency or social work department.

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---

3. How often are the policies or guidelines on confidentiality reviewed?

---

---

---

4. Who reviews and revises the policies or guidelines on confidentiality?

---

---

---

5. Does your agency or social work department offer staff training on confidentiality?

1 - yes

2 - no

---

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6. Have there been any occasions when client confidentiality has been breached in your agency or social work department?

1 - yes

2 - no

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