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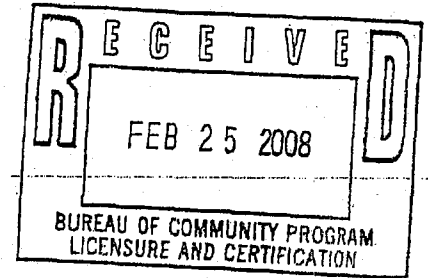
"Opening the Doors to Independence and Opportunity."

Step By Step, Inc.

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INDEPENDENT REGULATORY REVIEW COMMISSION

February 19, 2008

Calvin B. Johnson, M.D., Secretary
Pennsylvania Department of Health
8th Floor West Health and Welfare Building
P.O. Box 90
Harrisburg, PA. 17108



Dear Mr. Johnson:

This letter is in regard to the proposed regulation amendment of client confidentiality for patients who receive drug and alcohol services. I am writing to support PCPA (Pennsylvania Community Provider Association), and their mission of advocating for clients whom receive drug and alcohol services.

I am currently an Outpatient Program Supervisor, and I have worked in the field of drug and alcohol and mental health (direct service) for 17 years. Yes, I agree that client payees (such as insurance companies) need not know the intimate details of a client's life, and the historical client details etc. need to be protected. I also am not familiar with all the Confidentiality proposed changes; however, I am in favor of Confidentiality changes with various entities (such as Children and Youth, Mental Health, case management services related to probation, Social Security office). The reasons are as follows.

- 1) Over the years it has been extremely difficult to collaborate with various client agencies that are part of the network of providers supporting a client's recovery. The current release of client information regulates those 5 brief areas of information that can be released to Government agencies or probation. The collaboration between agencies and networking of client information (while ultimately advocating for the client) is often hindered by these regulations. The clients overall care can be negatively affected. Often a provider is in a conflict of releasing client information that is not in the five areas or not advocating for the client.
- 2) These limited Confidentiality regulations often negatively affect specifically a co-occurring client whom is receiving dual services at a Drug and Alcohol licensed facility. Despite having dual treatment for these clients, the program is regulated by and licensed by Drug and Alcohol. This has been problematic in regards to releasing information to, for example Social Security, coordination of SPORE (probation MH case management), and specifics regarding urinalysis to probation. In addition, additional information, other than what is permitted by regulations is often needed to determine and advocate for a client whom is working towards obtaining disability benefits.

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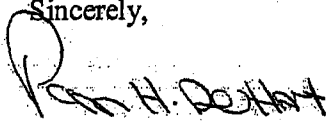
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Ultimately, I do believe that a client must consent to release any information. Treatment providers should not release any more information than what is absolutely necessary and they should err on the side of caution on behalf of our clients. However, regulations do limit what a counselor can release to another entity in regards to collaborating (despite client authorization). Drug and Alcohol treatment providers often are limited while advocating for a client.

Thank you for taking these issues into consideration upon evaluating the needed changes to confidentiality regulations in Pennsylvania.

Sincerely,



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MA, CAC, CCDP, CCS

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