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GUIDELINES

for Remote MHPSS Programming in Humanitarian Settings

Appendix E: Confidentiality Agreement for Remote MHPSS

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Appendix E: Confidentiality Agreement for Remote MHPSS

The purpose of this form is to document consent from the MHPSS staff to keep all information of the client confidential as MHPSS service delivery is adapted to remote support during the COVID 19 pandemic, whereby MHPSS staff will continue to provide services to clients either going to the field directly from home while the office is closed or providing services through phone.

Confidential Information. While working from home, the MHPSS staff should take detailed notes for the client file, and must keep all information confidential, securely stored and must keep it under lock and key. MHPSS staff should strictly maintain the confidentiality of all clients' details and information should only be shared on a need-to-know basis to only authorized staff (e.g. interdisciplinary team; supervisor). All efforts should be made to use the client's unique identification number, and to avoid the use of the client's name in such discussions or email exchanges.

Confidential client information should never be discussed in the presence of third parties, including colleagues, friends, family members, etc. Any files and/or documents containing confidential information should never be shared or released to third parties, unless there are already agreed upon terms¹ for high-risk clients.

Confidential information includes, but is not limited to, the following:

- Identifying information about the client, including name, address or phone number;
- Information relating to the client's family;
- Information regarding the client's case;
- Information about the discussion during the session; or
- Any other information that would identify the client or potentially place the client and/or family members at risk.

Once service provision transitions back to face-to-face service delivery, MHPSS staff will systematically update individual client files accordingly, and subsequently return all written/printed notes to his/her supervisor for safe disposal (shredding where possible).

Terms. By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between MHPSS staff and clients are confidential and recording the session in any form is not permitted to either party.
2. The MHPSS staff shall not disclose confidential information to anyone without the client's express consent to release such information.
3. I understand that as a MHPSS staff, I have a duty to keep client information confidential throughout my term as a staff as well as after my employment status ends.
4. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in a written warning, or possibly, the termination of my job as a staff at the organization.

¹ E.g. Some UNHCR-run camp settings have directives for summary information to be shared on suicidal cases

I, _____ (MHPSS staff name),
have read the Confidentiality Agreement and understand its terms and my responsibilities as
_____ (organization's name) MHPSS staff member.

Signature of MHPSS Staff: _____ Date: _____

Signature of Supervisor: _____ Date: _____