

THE CENTER FOR CHILDREN AND FAMILIES, INC CONFIDENTIALITY POLICY

The independent contractor shall adhere to the following guidelines with respect to maintaining confidentiality and respecting the privacy of others in all matters relating to an assigned case. The guidelines are set out below. They govern circumstances in which the CFCF requests or receives information. However, these guidelines cannot cover every possible situation which may arise. Any questions and/or concerns the CFCF regarding confidentiality or the application of this policy should be discussed with the CFCF Coordinators. These will be resolved on a case-by-case basis.

- Cases involving parties who are known to the CFCF Program as being HIV positive, having AIDS and/or having other Sexually Transmitted Diseases (STDs) are governed by an additional confidentiality protocol to which the volunteer must adhere. If, after accepting a case, the CFCF learns it involves a STS, the independent contractor should immediately contact the Chief Operating Officer to obtain the protocol.
- In requesting information in the course of an investigation, a independent contractor may need to obtain information from doctors, psychiatrists, psychologists, social workers, attorneys, clergy, teachers, or other professionals who have a protected relationship status with a party or the child. Your Appointment Order should cover most cases. By statute, there are limitations on the disclosure of information a professional receives during the course of his/her relationship with a client or patient. Many professions also have ethical principles which govern their ability to disclose information (for example, attorneys are bound by Rules of Professional Conduct; doctors, psychologists, and social workers also have ethical codes). The professional has no authority to provide any information to an independent contractor without the express permission of the client or a court order.

If it is necessary to obtain any privileged/confidential information about someone who is directly related to the case but is not the children, the independent contractor must obtain from that person a written release of information which allows the professional, hospital or treatment center to discuss the matter.

While a person may sign a release allowing the independent contractor to obtain confidential information, he/she may not want to authorize disclosure to the other parties to the case and/or their attorneys. The independent contractor should review the signed release form very carefully and seek guidance from the CEO if the independent contractor has any questions at all.

- The independent contractor is not allowed to disseminate documents to any of the parties, their attorneys, and/or collateral sources which are covered by state and/or federal confidentiality laws. These documents may include drug and alcohol evaluations/records; involuntary mental health treatment and rape crisis center information; and some criminal histories. Those covered by federal law usually are stamped, "This information is protected by Federal law (and prohibits you from making any further disclosure, A general authorization for the release of medical or other information is NOT sufficient for this purpose."
- The independent contractor shall never discuss an assigned care for purely conversational purposes, particularly in specific terms, with anyone.
- The independent contractor should not promise a child or any party to the assigned cases that his/her statements will be kept secret or confidential.

- **The independent contractor must disclose confidential information learned during the course of an investigation in three circumstances:**
 1. **When consulting with the Project Coordinator or CEO who must be provided all significant case specifics known to the independent contractor ;**
 2. **When ordered by the court in a hearing or trial;**
 3. **When the independent contractor thinks that there is reasonable cause to believe that a child has suffered physical and/or sexual abuse.**

- **A independent contractor may disclose confidential information and discuss case specifics in three circumstances:**
 1. **When the independent contractor consults with a professional service provide (medical personnel, mental health specialist, social worker, etc.) who is providing services to the children who has agreed to the professional's disclosure or because their client signed a Release-of-Information Form.**
 2. **When the petitioner and respondent agree to disclosure.**
 3. **When the court orders the disclosure.**

- **The independent contractor may discuss a case in hypothetical terms for purposes of illustration at the professional meeting (seminars) designed to address issues promoting the best interests of children. The independent contractor shall not, however, mention the names of any individuals involved in the case or provide facts, which may identify the case or parties.**

Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

	Social security number
OR	
	Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Please complete and fax back to 337-514-2801
EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

****MUST PRESENT A VALID PHOTO ID AT THE TIME OF SERVICE****

Date: _____ Patient Name: _____

DOB: _____ SS # _____

Date of Injury/Reason for Visit: Pre-Employment Testing (Drug Screen and TB Test)

Company Name: The Center for Children & Families Phone: 318-398-0945 Fax: 318-398-4314

Address / Location: 622 Riverside Dr., Monroe, LA 71201

Contact / DER: Nicole Cabello Phone: 318-398-0945

<p>*WORK RELATED _____ Injury _____ Illness <i>Post-Accident Substance Abuse Testing</i> _____ Drug Screen _____ Urine _____ Breath Alcohol _____ Urine Collection Only</p> <p>AGENCY (Circle)-FMCSA – PHMSA – FRA – FTA- USCG Test Type _____ DOT Regulated _____ Non-Regulated _____ Rapid I-Cup ***Declination of Drug testing at time of service may result in denial of claim per the discretion of the insurance provider: Result employer \ company will be financially responsible*****</p>	<p>*PHYSICAL EXAMINATIONS Job Title: _____ _____ DOT/CDL/Basic Physical (circle) _____ Pre-employment/Return to work _____ Follow up _____ Other: _____</p> <p>DRUG TESTING <input checked="" type="checkbox"/> Pre-employment _____ Random _____ Reasonable Suspicion _____ Breath Alcohol _____ DOT Urine _____ Non DOT Urine _____ Rapid I-Cup</p> <p style="text-align: right;">AGENCY(circle) -FMCSA -FRA -PHMSA -FTA -USCG</p>
<p>BILLING <input checked="" type="checkbox"/> Bill company for services (excludes WC) _____ Employee to pay at time of service _____ Bill Workman's Comp. Carrier *Carrier _____ *Claim # _____ *Phone # _____ Ext: _____ *Address _____ _____ *Adjuster _____</p>	<p>OTHER <input checked="" type="checkbox"/> TB Test _____ Hep B Vaccine _____ Influenza</p> <p style="text-align: right;">*Do you have light duty available? _____ Yes _____ NO</p> <p style="text-align: center;">_____ Individual _____ Series _____ 1st _____ 2nd _____ 3rd</p>

EMPLOYER AUTHORIZATION	
Authorized By _____	Title _____
Phone Number _____	Date/Time _____

Business Card Order Form

Name	
Credentials	
Title	
Address/Location	
Office #	
Cell # (optional)	
Fax #	
Toll Free #	1-866-398-0945
Email	

Who's on My Team?!

First and Last Name:

Birthdate:

Title:

Location:

Favorite Candies:

Favorite Drink(s):

Favorite Snack Food(s):

Favorite Cookies:

Favorite kind of Cake:

Favorite Color(s):

Favorite Restaurant(s):

Favorite Candle Scent(s):

Favorite Musical Group/Type:

Favorite Book(s):

Favorite Movie(s)/TV shows:

Favorite Hobbies:

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of The Center for Children and Families, Inc. to release the following information, professional license, completion of educational requirements, insurance coverage, and CPR certification, to the following parishes' school boards Beauregard, Allen, Calcasieu, Cameron, Jefferson Davis, Evangeline, Acadia, St. Landry, Vermillion, Lafayette, St. Martin, Iberia, and St. Mary for the official use of allowing _____ access in the parish school to see clients.

This release is executed by me with the full knowledge and understanding that the information to be released about me will be used by the parish school board to determine qualifications. I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

Direct Care Signature

Date