

# APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

1. \_\_\_\_\_, RESIDING AT \_\_\_\_\_

\_\_\_\_\_, HEREBY AUTHORIZE YOU TO RELEASE TO THE

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

SPECIFIC

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING \_\_\_\_\_

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE \_\_\_\_\_

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

ABCDM 228 (ENG/SP) (6/99)

## **NO WRITTEN RELEASE REQUIRED**

- ❖ All County Departments of Social Services; the California Department of Social Services
- ❖ All local DSS Bureaus and Divisions
- ❖ Department of Health Services, State and County, includes Mental Health Services
- ❖ Department of Health, Education, and Welfare (State) Social Security Administration
- ❖ Auditors and Controllers – County, State, and Federal
- ❖ Public Administrator – Indigent Burials only
- ❖ County Counsel/District Attorney’s Office – Family and Child Support, Fraud Investigation (client or employee), Kidnapped Children investigations only.
- ❖ Employment Development Department
- ❖ Revenue and Recovery
- ❖ Internal Revenue Service/California Franchise Tax Board (Income Date matches to determine eligibility)
- ❖ Emergency Services Personnel – during a Public Safety Emergency

## **WRITTEN AND TELEPHONE AUTHORIZATION REQUIRED**

- ❖ Welfare Rights – written authorization in file.
- ❖ Legal Aid – written authorization in file.
- ❖ Defense Attorneys – need subpoenas.
- ❖ Law Enforcement – written requests and arrest warrant.
- ❖ Relatives – Not in the Case – written release – with specific information to be released documented on the release
- ❖ Client’s Authorized Representative – if telephone authorization provided, must be followed by a written release.
- ❖ Legislative Committees – a letter written by the client to a state Senator or Representative constitutes a written release.
- ❖ Board of Supervisors – refer to Program Manager
- ❖ Media Inquiries – refer to Program Manager
- ❖ Private Organizations/Persons – written release – with specific information to be released documented on the release.
- ❖ Home Health Agencies – written release or client’s telephone authorization.
- ❖ Regional Centers for the Developmentally Disabled – written release

County of San Diego  
Health & Human Services Agency  
In-Home Supportive Services Program  
Employee Declaration of Relationship with IHSS Applicant/Recipient and/or Provider

Date: \_\_\_\_\_

To: IHSS Program Manager \_\_\_\_\_  
(Name)

Immediate IHSS Supervisor \_\_\_\_\_  
(Name)

From: IHSS Employee \_\_\_\_\_  
(Name)

Title/Classification \_\_\_\_\_

Re: IHSS Applicant/Recipient/Provider \_\_\_\_\_  
(Circle one) (Name)

IHSS Case Number: \_\_\_\_\_

I, \_\_\_\_\_ declare that I \_\_\_\_\_  
(Name)

do  do not have a

Family     Social     Business/Professional  
(Other than IHSS)

Business/Personal     Adversarial

Relationship(s) with an IHSS:

Applicant(s)     Recipient(s)     Provider(s).  
(Check all appropriate)

I  do  do not maintain that relationship.

The name of the person(s) I have the relationship(s) with is: \_\_\_\_\_

The relationship(s) is described as: \_\_\_\_\_

Signature \_\_\_\_\_

*This form is to be completed by every IHSS employee annually, and at any other time that the IHSS employee becomes aware that an individual he/she is acquainted with in any way is an IHSS applicant, recipient and/or provider.*



## STATEMENT OF ETHICAL AND LEGAL STANDARDS

This statement sets forth general guidelines to the ethical and legal standards applicable to the performance of County business. These standards are based upon the recognition that honesty and integrity are the cornerstones to ethical and legal conduct. All County employees share a mutual commitment to honesty and integrity in the workplace, and dedicate themselves to upholding the highest standards of conduct in the performance of their duties.

The County's commitment to the higher standards of ethical and legal conduct is in the recognition of its mission to serve the residents of the County of San Diego. The County is dedicated to creating a government that earns the support and respect of the public by being responsive and responsible. The citizens of the County are our customers who deserve to be treated fairly and honestly in their dealings with the County.

County government recognizes that its name is at stake and is defined by the quality of its services provided to the public. Practicing ethical and legal conduct is essential to the County's accomplishment of its mission and to the individual success of each employee of the County of San Diego.

The guidelines outlined in this statement are based on certain fundamental responsibilities of all County employees:

1. Treat the members of the public we serve, as well as your fellow employees, fairly and honestly at all times.
2. Perform your duties in compliance with all federal, state, and local law, and avoid any involvement in conduct known to be illegal, unethical, or improper.
3. Conduct your official County duties in conformance with the County's policies and procedures, and in accordance with the highest standards of ethical and legal conduct.
4. Use County funds and property with extreme care, guided by the exercise of prudent judgment and good business practices.

5. Create a work environment that promotes open and honest communications, and encourages the raising of ethical concerns without fear of retribution.
6. Assume responsibility for knowing, understanding and having a practical working knowledge of the laws and regulations applicable to your job responsibilities.

### **Equal Opportunity**

The County is committed to ensuring equal opportunity in all aspects of County operations. It is the policy of the County to comply with federal, state, and local laws affecting equal opportunity. Employment actions taken by County managers and supervisors shall be on the basis of job-related qualifications and merit without regard to race, religion, color, national origin, ancestry, physical or mental disability, marital status, gender, sexual orientation, age, or veteran status. *(Reference: Board of Supervisors Policy No. C-17)*

### **Fraudulent Conduct in County Services**

The County is committed to protect against all improprieties in public programs and services. Integrity in the administration of County programs and services must exist to ensure the public's trust. It is critical that the County take whatever action is necessary to prevent and deter fraud and abuse which demonstrates commitment to protecting the public interest in essential public programs and services.

There shall be "zero tolerance" for fraud committed by County employees or contractors in the administration of County programs and provisions of County services. Fraud is the intentional: (1) perversion of truth for the purpose of inducing another in reliance upon the falsehood to part with something valuable or to surrender a legal right; or (2) false representation of a matter of fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed, which deceives and is intended to deceive another so that the person shall act upon it to his/her injury. *(Reference: Board of Supervisors Policy No. A-120)*

### **Violence in the Workplace**

The County is committed to providing a work environment free from violence and from the threats of violence. It is the policy of the County that a zero tolerance standard shall apply to violent behavior, implied or actual, and to threats of violent behavior, from any person that is directed at other employees or the public at a County facility or in connection with County business. In conformance with this County policy, no County

employee shall engage in violent conduct or make threats of violence, implied or actual, at a County workplace or during the course and scope of performing County duties.

All threats of violence shall be taken seriously, and shall not be dismissed as harmless joking. Employees who witness instances or occasions of any employee or former employee making threats of engaging in acts of violence must report such matter immediately to their managers or supervisors (or if an emergency, report the emergency in accordance with the County's emergency procedures). *(Reference: Board of Supervisors Policy No. A-121)*

### **Discrimination and Harassment**

The County is committed to a work environment free from unlawful discrimination and harassment, including sexual, racial, religious, age, disability, or any other form of discrimination or harassment.

Unlawful sexual harassment in the workplace is defined as unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term of condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or (3) such conduct is unwelcome or has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

If County employees become aware of any form of harassment occurring in the workplace, they must report immediately to their manager or supervisor. All credible reported incidents must be investigated promptly and management must take any appropriate action against the harasser, including any discipline consisting of possible removal from County service. *(Reference: Board of Supervisors Policy Nos, C-17, C-22, A-125)*

### **Drug and Alcohol Use**

The County is committed to maintaining a safe, healthful, and productive work environment. It is the responsibility of all County employees to perform their public services safely, effectively, and efficiently without being adversely affected or impaired in any way by the use or presence of alcohol or drugs. The County provides assistance through its Employee Assistance Program on a confidential basis for a County employee seeking help for a drug or alcohol-related problem. *(Reference: Board of Supervisors Policy No. C-25)*

## **Improper Gratuities**

The County is committed to ensuring that all County services and operations performed by County employees are provided honestly and fairly. It is improper to accept any gratuity in the form of compensation, preferential treatment, entertainment, service, or promise of future benefits in exchange for providing special favors, privileges, benefits, or services that otherwise would not have been provided.

Additionally, when on official County travel, County employees are not authorized to accept the payment of their travel expenses from persons/companies doing or seeking to do business with the County, unless waived by the Chief Administrative Officer when it is determined to be in the best interest of the County to do so. *(Reference: Board of Supervisors Policy No. D-7)*

## **Acknowledgement For Review Of Ethical And Legal Standards**

The County's Department of Human Resources has established a policy regarding the review and acknowledgement of the Statement of Ethical and Legal Standards by all County employees. This policy requires employees perform an initial and periodic review of the ethical and legal standards applicable to the performance of County business. *(Reference: Department of Human Resources Policy No. 115)*

**Statement of Ethical and Legal Standards**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

I, \_\_\_\_\_, attest to these facts:

- I have received a copy of the document listed below:
  - ❖ Statement of Ethical and Legal Standards
  
- I have reviewed this policy. I was afforded the opportunity to inquire as to any meaning that did not seem clear to me upon my review. The person witnessing my signature on this form is the person who made him/herself available to me for any questions that I had during my review and before my signature.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

(Witness signature must be the department representative who explained the policy to the employee)

(Note: File in official department personnel file.)



**IHSS Self-Declaration Form Tracking Log**

**IHSS Unit Number** \_\_\_\_\_ **IHSS Unit Site Location** \_\_\_\_\_ **M/S** \_\_\_\_\_

**IHSS Supervisor** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **FAX Number** \_\_\_\_\_

This form is to be used to record receipt and completion of the IHSS Self-Declaration form, HHSA 12-71. The HHSA 12-71 will be distributed to and completed by all IHSS employees annually. Any time an IHSS employee has a change in status of relationship to an IHSS client or provider, he/she will complete a new IHSS Self Declaration form. This tracking log is for IHSS supervisors to record and track receipt of the form, completion of the form, etc. A copy of this log is to be sent to the IHSS Program Manager (M/S W-253) whenever a new entry is added. The supervisor will note in the “Case Disposition” section if the case was sent to another district office. In the “Description of Relationship” section, the supervisor will describe the relationship of the individual to the employee, and the reason the form was completed by the employee: “annual distribution” or “change in status”, and describe the change.

<b>Employee Name</b>	<b>Date Form Rcvd by Employee</b>	<b>Employee’s Signature of Receipt</b>	<b>Date Form Returned</b>	<b>Code(s)</b>	<b>Case Disposition</b>	<b>Relationship Declared? (Yes or No)</b>	<b>Description of Relationship</b>

HHSA 12-73

10/00

*Please note: This form has been reduced to fit this page*

## GUIDE TO IHSS SECURED & CONFIDENTIAL CASES

Topic	Definition	How IHSS is Informed	Case Handling
<b>IHSS Secured Case Records</b>	An IHSS case of an Agency, but not IHSS Program, employee, or, his/her immediate family, etc.	Generally, the IHSS Program Manager receives paperwork via the County mail.	Maintained in the Confidential/ Secured caseload in the district office the case was assigned to at the time it became secured (unless the recipient moves to another district)
<b>Forms Completion for IHSS Secured Case Records</b>	<p><u>IHSS SW Supervisor:</u> Add case information to Confidential/Secured Case Log.</p> <p><u>IHSS Social Worker:</u> (1) File received paperwork in case file, under "Misc." (2) if SOC case, forward copy to Medi-Cal worker.</p>		
Topic	Definition	How IHSS is Informed	Case Handling
<b>IHSS confidential Case Records</b>	An IHSS case of an IHSS Program employee, or his/her immediate family, etc.	Generally, the IHSS employee has self-disclosed the fact that he/she has a relationship with an IHSS applicant/recipient and/or provider.	Maintained in a Confidential/Secured caseload in a district office OTHER than the district office in which the IHSS employee with a relationship with the applicant/recipient and/or provider works.
<b>Forms Note:</b>	<p>Forms HHSA 12-71 and HHSA 12-71 and HHSA 12-73 are for tracking <b>employee's relationship</b> to IHSS applicant/recipient /providers.</p> <p>Forms 16-46 DSS and Secured/Confidential Case Log are for tracking the <b>IHSS case records</b>.</p>		
<b>Forms Completion for IHSS confidential Case Records</b>	<p><u>IHSS Employee:</u> Complete &amp; submit to supervisor HHSA 12-71.</p> <p><u>IHSS Employee's Supervisor:</u> Complete HHSA 12-73, Forward a copy to IHSS Program Manager. Complete 16-46 DSS and forward to SW Supervisor of the unit carrying the case; and, if SOC case, copy of 16-46 to Eligibility Supervisor.</p> <p><u>Receiving IHSS SW Supervisor:</u> If case is being carried in same district office as employee workers, forward 16-46 and SW case to IHSS SW Supervisor in a different district office.</p> <p><u>Receiving Eligibility Supervisor:</u> Forward copy of 16-46 to Confidential/Secured Case Worker, and add to Eligibility Supervisor's Confidential/Secured Case Log.</p> <p><u>Receiving IHSS SW Supervisor in Different District Office:</u> Add to your Confidential/Secured Case Log, and forward 16-46 and case to Confidential/Secured Case Worker.</p> <p><u>Receiving IHSS Confidential/Secured Case Worker:</u> Add to SW's or ET's Confidential/Secured case listing; File 16-46 DSS under the "Miscellaneous" tab in the IHSS Case file</p>		

Photocopying Fee Schedule	
Cost per page photocopied-----	15¢
Administrative Cost for entire Chapter(s) of Program Guide-----	\$20.00

Note: Each individual request for one or more chapters of the Program Guide is a charge of \$20.00. The requesting party would not be charged \$40.00 Administrative Cost for requesting 2 chapters of the Program Guide. A requesting party may always be referred to the web site

<http://www.dss.cahwnet.gov>

*for CDSS' online regulations.*

<p>County of San Diego  Health and Human Services Agency  In-Home Supportive Services Program</p> <p>Notice of Payment</p> <p>Date: _____</p> <p>Case Name: _____</p> <p>Case Number: _____</p> <p>This Notice of Payment is provided to:</p> <p>_____</p> <p>(name of individual requesting photocopies)</p> <p>as a notice that payment in the amount of \$_____ has been received by  (Total Amount Received)</p> <p>the County of San Diego for photocopying charges of 10¢ per page for</p> <p>_____ pages photocopied this date.  (number of pages photocopied)</p> <p>_____</p> <p>(Social Worker's Signature)</p>
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