Who’s this chapter for?
This chapter is for behavioral health providers.

What’s this chapter about?
This chapter gives best practices for behavioral providers who want to:
  • Build trusting relationships
  • Get and share the right information
  • Protect patient privacy
  • Support youth in the transition to adulthood

How can behavioral health providers build trusting relationships?
To build trusting relationships with families, behavioral health providers can:
  • Make the family part of the team
  • Respect privacy and the limits of consent
  • Keep families informed

To build trusting relationships with schools and primary care providers, they can:
  • Work out the best way to communicate and use that way all the time
  • Respond to questions when asked for information
  • Share information about the child that others need to know

How can behavioral health providers support privacy and communication?
To support better communication and respect for privacy, behavioral providers can:
  • Use standardized forms for consent and information sharing
  • Share only what schools and primary care providers need to know to keep the child safe and help meet educational or behavioral health needs
  • Create special contracts with youth about sharing information with parents
Tips for Building Trust

Sharing information works best when the child’s network is built on honest and trusting relationships. Developing relationships takes time, but there are clear steps you can take to build trust with families, primary care providers, and schools.

Building Trust with the Child, Youth, and Family

When working with families, ask questions instead of making judgments — every family has its own stories and challenges. Families want to be heard and respected. It helps to show them that you’re connected, committed, and passionate about their child’s well-being.

To build trusting relationships with the family, you can:

- Make the family part of the team
- Respect privacy and the limits of consent
- Keep families informed

Make the Family Part of the Team

- Learn about a child’s culture, diagnosis, and related details before meeting with the family.
- Ask the family how they see the problem, what ideas they have for solving it, and what they want from you.
- Tell the family about strengths you see in the child.
- Make sure the family and youth are part of treatment plan discussions and have a say in all decisions.
- Make sure the family or youth knows how to contact you, and who else to contact when you can’t be reached.
- Show teens that you’re interested in their well-being. Before you ask them for anything, tell them what information you’ll have to share and what stays private.

Respect Privacy and the Limits of Consent

- Explain why consent is necessary — consent makes it clear what information will be shared and who can get the information.
- Give a basic overview of HIPAA. If the child is in school, you may also want to tell them about FERPA. Both laws are important for protecting privacy. See page 21 for information about HIPAA and FERPA.
• If you’re going to share information without getting consent, explain to the family what you’re sharing and who’s getting the information.

• Set privacy expectations at the first meeting. The family’s access to information will change as the child gets older. State laws protect an adolescent’s privacy, and parents need to know that.

• Ask youth under age 18 for consent to talk to parents, even if you’ve asked before.

• Explain the boundaries of information sharing before the family or youth signs consent. They need to know that the information shared includes medications, diagnoses, and management plans. They also need to know that not all of their health information gets shared. For example, schools may only get health information related to school performance and behavioral health management.

Keep Families Informed

• Families need transparency and openness. Deciding the right information to share or not share is a fine balance. Will the information be helpful or harmful? Sharing more is generally better.

• If you’re planning to leave, inform families well in advance. The less turnover for a family, the better. If turnover can’t be avoided, families appreciate having more time to make changes.

Building Trust with Primary Care Providers

Clear expectations make all the difference when giving and receiving information. When working with primary care providers:

• Remind them about the kinds of information that can and can’t be shared

• Let them know about the behavioral health goals

• Choose a way to communicate that works best for everyone — from the right technology (fax, email, phone, text) to the best times to communicate — and use that way consistently.

Building Trust with the School Team

Again, a trusting relationship with the school makes it more likely you’ll get and share the right information. When working with schools:

• Find out who to use as your main contact at the school. It may be the school nurse or the school psychologist.
• Review communications to the school carefully. Remove any unrelated information, such as information about other family members.

• Let the school know what they can do to help meet the behavioral health goals.

• Choose a way to communicate that works best for everyone — from the right technology (fax, email, phone, text) to the best times to communicate — and use that way consistently. Keep in mind that school staff are most likely available after the school day.

Each school has a different way of communicating with providers, and the right contact at the school depends on the child’s needs. School nurses may make the best contacts since they understand both medicine and education. They also have contact with the principal, the support team, and special education. School nurses may not attend all Individualized Education Plan (IEP) meetings, but they can still make sure the IEP team has all the information they need. They can also get information from the team to give to the child’s providers.

**Getting and Sharing the Right Information**

Getting and sharing the information you need often means asking the right questions. Because every family, provider, and school is different, there’s no one formula. Use the questions below for ideas about the kinds of things you may want to ask about.

**Questions to Ask the Child, Youth, and Family**

**About Treatment**

• How do you think the treatment plan is working?

• Do you have any ideas for helping the treatment plan work better?

• Would you like to work together to create a crisis plan? A crisis plan helps you know what to do if your child has a behavioral health crisis.

**About Consent and Boundaries**

• To give your child the best care, here’s who I think I need to talk to. Do you have any questions about why talking to these people is important?

• Can I have your consent to share your information with...? Can I have your consent to get information from...?
• Is there any information that you don’t want me to share with…? Would you mind telling me why you don’t want this information shared?

• Do you have any questions about how I’ll keep your information private?

About School

• Does your child have an IEP or 504 (school education) plan? Can I have your consent to review that plan, so I can better care for the child? How can I get a copy of the plan?

• Who are the best people at the school to talk to about your child? What’s the contact information for the school nurse and others at the school?

• Has your child had any psychological testing at the school? Will you give them your consent to share the test results with me?

• What services does your child get in school? Will you give your consent to the school to share that information with me?

About Medical Care

• What’s the contact information for your child’s primary care provider? What about for any other specialists your child is seeing?

• Have there been any changes in your child’s health?
School Re-entry Programs
A student returning to school after a behavioral health or medical issue (such as a concussion) faces special challenges. Creating a school re-entry plan can be helpful to the student and everyone involved in the student’s care. Some schools in Massachusetts have re-entry programs where a coordinator creates a team to help ease the youth back into school.

Coordinators may:
- Provide clinical care
- Give support and information
- Help families negotiate the social service network
- Manage communication with health care providers and therapists
- Work with students, teachers, and tutors

For more information about school re-entry programs, visit:
- The [Metrowest Health Foundation](#) website
- The [Brookline Resilient Youth Team Program](#) website

Questions to Ask the Primary Care Team

General
- Do you have any concerns about the child that you want to share?
- What’s important for me to know about the child’s medical condition?
- Have there been any recent changes in the child’s health?

Medications
- What medications have you prescribed for the child?
- Have there been any recent changes in medications?
- How is the child responding to the medications?

Treatment and Crisis Plans
- What is the child’s treatment plan? How do you think the plan is working?
• Have you asked the youth or family for consent to share your treatment plan with me and with the school?
• Will you let me know me if you change anything in the child’s treatment plan?
• Have you developed a crisis plan with the family?
• Have you asked the youth or family for consent to share the crisis plan with me and with the school?

Questions to Ask the School Team

About Treatment
• Do you have any concerns about the child that you want to share?
• Can you think of anything that would help develop or improve the child or youth’s treatment plan? Have you asked for consent to share that information with me?
• Has the school done any psychological testing? Have you asked the family for consent to share the results with me?
• What other services does the child receive at school?

About the School
• Is there a school re-entry program I can share information with after hospitalization or absence? If so, who can I contact?
• Does the child have an IEP or 504 plan? Have you asked for consent to share that with me?
• Is there any information I can give you about the child’s behavioral health care to help you develop or improve the school educational plan?
• Do you have psychological testing results?
• What are the school’s systems for communicating with health care and behavioral health providers? If there’s no system in place, can we set one up or make a plan for routine communication?
Questions to Ask Yourself Before Sharing Information

Before sharing information, asking yourself a few standard questions can help make sure you’re sharing the right information with the right people.

Protecting Privacy

• Have we talked about how we’re going to communicate back and forth? If I share information, how will I get information back?
• How will this information be used?
• Who will this information be shared with?
• Am I following HIPAA guidelines for this information?

Getting Consent

• Have I asked the youth or family about their boundaries on sharing information? Does sharing this information honor their boundaries?
• What consent forms are needed and which ones are in place?
• What can be done without parental consent, if necessary?

Sharing with the School

• What health information does the school need for the child’s education or safety?
• What health information is not needed by the school?

Tips for Better Communication

When sharing and giving information, you can help everyone communicate better if you:

• Use standardized forms
• Help tell the child’s story
• Hold face-to-face meetings

Use Standardized Forms

Standardized forms make getting consent and sharing information easier for you and for the family. You might want to try using two-way communication forms. These
forms allow information to be shared between two groups. You can then ask for consent to share information between yourself and the primary care practice or other teams.

**Help Tell the Child’s Story**

You can write a plain language narrative or summary about the child to share with the child’s network. By writing a clear summary, you can help more people better understand what the child is experiencing and how they can help.

For example, a bio-psychosocial assessment is a narrative that’s usually filled with social worker jargon. By writing a plain language version, you can help people in the child’s network understand:

- History of concerns
- Family background
- Degree of functioning
- Mental status exam results
- Risk assessment results
- DSM V diagnosis

**Hold Face-to-Face Meetings**

People are better at sharing information when they meet face-to-face. Tone and body language help communicate more than a phone call or email. If face-to-face meetings are not possible, then think about using technology such as Skype or Face Time.

**Protecting Privacy**

To help protect privacy, you can:

- Make sure there are signed consents for sharing information. Informed consent and good standardized consent forms make it clear who can get information and who owns the information.
- Take privacy training given by your organization.
- Share only what the PCP and school need to know to keep the child safe and help meet educational or behavioral health needs. Only information related to the child’s health or school performance gets shared.
• Create special contracts with youth about sharing information with parents. Youth need to know that information may need to be shared with parents if there are violence or safety issues.

• Make sure that private information about other family members is not shared. Only share relevant information.

**Email Is Not Secure**

Email can be a great way to communicate, but it is not secure. When sending private information to someone, it’s best to avoid email.

**Sharing Information with SBHCs**

Remember that when you share information with a school based health center (SBHC), it’s the same as sharing information with any other health care provider. For example, you need to use the same communication channels with an SBHC as you would with the child’s primary care provider. For more information about SBHCs, visit the [Massachusetts Association for School-Based Health Care](https://www.masachusetsassociation.org) website.

**Supporting the Transition to Adulthood**

The transition to adulthood is a success to be celebrated — youth are growing up. It can also be a challenge to manage. Youth often appreciate it when you:

• Help them understand what information gets shared and who it gets shared with.

• Ask them to take part in deciding what information gets shared and who it gets shared with.

• Ask them how well they understand their diagnoses, treatment plan, and future treatment options.

• Help them and their families understand if they will still need a guardian, either full or limited.

• Sign new contracts or agreements with them when they turn age 18. At age 18, most youth become the main decision makers for their health care.