Confidentiality Policy

Health and Wellbeing Service
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1 Aims

- To ensure that all staff working within the Health and Wellbeing Service, including non-clinical staff, understand their ethical responsibilities and compliance with legal requirements and codes of conduct.

- To provide staff with a frame of reference to use in all aspects of the role relating to confidentiality.

- To provide staff with guidance on when to share information with other health professional and agencies.

- To provide staff with guidelines on when it may be appropriate to disclose confidential information.

2 Fundamental Principles

2.1 Confidentiality

The Health and Wellbeing Service has a duty of care to take reasonable steps to ensure that confidential information that is held on record (electronically and manually) remains confidential.

Health and Wellbeing Service records are classed as “sensitive personal data”. Sensitive personal data is defined by The Data Protection Act 1998 as information relating to an employee’s race, ethnicity, political and religious beliefs, trade union membership, sexual orientation, and criminal record, physical or mental health.

Under s7 Data Protection Act (1998), individuals have a right to ‘personal data’ held on them by the Health and Wellbeing Service and can therefore request access to their records. All requests for access to records should be referred to and dealt with by the Administration Manager who will liaise with the appropriate clinician.

All staff working within the Health and Wellbeing Service will sign a statement regarding confidentiality.

All communication between staff working within the Health and Wellbeing Service will be on a professional basis and thus purposeful, respectful and consistent with the management of confidences as declared to clients.

2.2 Confidential Information

Confidential information should be considered any data which is of personal nature, which does not only include information of medical and social nature, but also their address and in case of the counselling team, whether a person has attended counselling or even just contacted them.
2.3 Consent

Patients must be informed of their rights and the limits of confidentiality, as well as the purpose for which the data is collected, for example, for the purpose of preparing an Occupational Health report, or of recording a counselling session.

They should also be told who the information will be shared with, for example, that an Occupational Health report will be shared with the department that requested it. As the information collected is classed as sensitive, consent must be freely given and must be informed, that is a patient must be made fully aware of what they are consenting to.

When a patient or client is considered incapable of giving consent experienced colleagues should be consulted.

Written consent must be obtained prior to the first face to face OHA/OHP consultation. The form can be found at Appendix 2. For telephone assessments verbal agreement is satisfactory and will be documented in their records. Completed consent forms will be scanned onto the patient’s file and the paper form retained in line with our retention schedule.

A patient may be held to have given implied consent for disclosure of confidential information to others who are part of the Health and Wellbeing Service who need to know in order to carry out the patient care.

You do not need to obtain consent for releasing anonymised statistical information provided the information is anonymised in line with the Information Commissioners code of practice http://www.ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation

In line with Health and Safety Executive (HSE) guidance, a health surveillance record when requested, can be seen by the employer, as well as:

- the employee concerned
- HSE
- the employee's representative (with that employee's consent)

The health record contains personal details about the employee and the Health Surveillance procedures relating to them. They do not contain any clinical information.

2.4 Gathering, Recording and Storing of information

Information regarding an individual can be obtained via email, mail or during an assessment which can either take place over the phone or in a face to face appointment.

Most paper-based information is held within The Health & Wellbeing Service with the exception of counselling records which are held with the counsellor for the duration of the case. All written session
notes are destroyed on conclusion of the case. A final report detailing session dates and length, venue and issues discussed is returned to the Health & Wellbeing Service to be recorded on a database. Consent forms are also returned to the Health & Wellbeing Service where they will be stored for 7 years and then destroyed, in line with our retention schedule.

During health surveillance carried out on site, files may be removed from The Health & Wellbeing Service on the day and returned in the evening. In these circumstances records are held within a locked case to prevent unauthorised access to them.

Paper-based records are kept in lockable cabinets in secure premises. All confidential material is locked away and cabinets are locked overnight.

Paper-based records are kept in accordance with the Control of Substances Hazardous to Health (COSHH) legislation, the 8 principles set out in the Data Protection Act 1998 and corporate guidance, and will be destroyed when no longer required or at the end of the retention period as appropriate. Paper-based records will be destroyed as confidential waste.

Most information in the department is nowadays gathered electronically and it is the aim of the department to become paperless.

Access to the database holding the information is secured with two different log-in procedures. Staff must be an authorised IT user of Hampshire County Council and work within the Health & Wellbeing department to be able to view records.

2.5 Disclosure of Information

Sharing Information within the Health & Wellbeing Service

You can assume implied consent from an individual if you need to discuss their health with another health professional in the Health and Wellbeing Service. You do not need written or verbal consent for doing so.

Sharing Information within the County Council

There is a regular business requirement to share information with other services/departments within the Council where this forms part of their usual business function. OH assessments are undertaken at the request of management therefore there is a business need to share information as long as the patient’s informed consent has been obtained.

Health professionals will need to consider whether it is appropriate to share personal information within the County Council in other circumstances and seek advice from their manager and/or the Information Compliance Team/Governance Legal Team as appropriate.
Disclosure of Information to the Patient/Client

Under The Data Protection Act (1998), individuals have a right to see ‘personal data’ held on them by the department and can therefore have access to their records. All requests for records should be referred to and dealt with by the Administration Manager. All paper and electronic records relating to that individual must be provided to the Administration Manager who will consider what details will be disclosed in accordance with the requirements of the Data Protection Act.

Any concerns about the effect of disclosure of details on the patient/client’s mental or physical wellbeing must be fully explained to the Administration Manager in order that this can be taken into consideration.

Records made by counsellors can be seen by the client for the duration of the counselling, at the client’s request direct to the counsellor.

Occupational Health customer reports are automatically copied to the patient.

Before allowing access to confidential information to anyone other than the patient/client or colleagues involved in the patient’s care, the patient/client’s consent must be obtained.

Disclosure must only take place either;

1. with written consent, or
2. without consent in exceptional circumstances:
   • If it is required by law or court order
   • If you believe someone may be at risk of harm e.g. if they are displaying suicidal tendencies or risk to others.

In all cases of disclosure of information, the member of staff is accountable for their actions. It is therefore advisable that the reasons are documented and that advice is sought from a senior member of the team.

There are three consent forms within the department:

1. Consent to Application For and Release of Personal Medical Information (appendix 1)
2. Consent to collect data and provide a report to management/HR (appendix 2)
3. Client Information Sheet and Consent Form (appendix 3)

Requests by union representatives or solicitors to discuss details of their client or receive copies of their file can only be actioned once written consent from the patient/client is received.

All staff working within the Health and Wellbeing Service must have completed their IT e-learning package and will sign the confidentiality policy statement.
All Health & Wellbeing staff must not at any time, whether during or after employment with Hampshire County Council, disclose to any person or make use of such confidential information without exception. This duty includes keeping strictly confidential the names and other details relating to individuals making and keeping appointments with the department. It should be noted that any breaches of confidentiality will be subject to disciplinary action and could result in dismissal.

2.6 Confidentiality - For Non-Medical Staff

Non-medical staff will have access to, gain knowledge of, or be entrusted with medical and/or personnel information concerning patient/clients. This information may include matters of a highly sensitive and/or personal nature.

- All non-medical staff must sign the confidentiality policy statement.
- Enquiries about the health of an individual, or individuals, whether made by a third person or from the individual personally, must be referred to the appropriate clinician. Any advice sought and/or given, whether from patient/clients’ records or from other sources, must not then be divulged to any third party by administrative staff without exception.
- No medical or health advice, information, recommendation or opinion is to be given by administrative staff without exception.
- Requests for copies of files and records can be actioned on by administrative staff once authorisation has been obtained from the relevant clinician or the Health & Wellbeing Manager.

Any matters relating to clients of the Health and Wellbeing Service must not be divulged to any third party by administrative staff without exception. Examples of such information include:

- Personal details
- Health or medical information
- Diagnosis
- Clinical investigation
- Treatment
- Counselling appointments
3 Communication Of Sensitive Data To And From The Health And Wellbeing Service

3.1 Mail received into Department

Any mail received into the Health and Wellbeing Service marked ‘addressee only’ should only be opened by the named individual.

Letters marked ‘Private and Confidential’ may be opened by any of Health and Wellbeing Service staff that has a legitimate role to do so.

All mail received pertaining to an patient/client will be scanned onto their file and the hard copy destroyed, with the exception of consent forms, which will be kept in line with the retention schedule.

3.2 Outgoing Mail

Confidential mail leaving the department must be put in two envelopes. The inner envelope must have a label with the following statement:

Addressee Only
This communication is strictly confidential. It is intended only for the addressee. If you are not the intended recipient, opening the enclosure is a criminal offence and strictly prohibited. If you have received this communication in error, please contact Occupational Health on 023 8062 6600.

FAO:

The outer envelope should state: Private and Confidential – Addressee only, their name and address.

3.3 E-Mail

The use of e-mail to communicate to colleagues, managers and HR is an important aspect of the Health and Wellbeing Service role. Care must be taken to ensure that adequate measures have been taken to ensure that sensitive personal data is kept confidential and the email reaches the intended person(s) only.

Emailing OH reports is acceptable, if it is sent as a PDF attachment which has been password protected and encrypted, with no confidential information in the email body, and subject saying “Occupational Health Report” and the patient’s initials, and the email set as confidential in the Message Options, the encryption provided by making this selection conforms to ICO standards. **This option is not automatic and must be selected.**

Emails sent to any @hants.gov.uk will not require the recipient to register with the secure email system. Emails sent to external addresses will require the recipient to register to be able to view the email and any attachments.
If you send an email to the wrong addressee, you must attempt to recall it immediately and call the recipient to delete the email if it can’t be recalled. All incidents of emails being sent to the wrong addressee must be reported immediately to the Administration Manager.

Emails containing sensitive, confidential information must not be sent to shared inboxes. You must send emails to a named individual only, with the exception of post offer certificates which may be sent to the Resourcing Centre.

Post Offer and Health Surveillance certificates, other than “Fit” with standard risk assessment advice, must also be sent as confidential. If you are detailing any medical information (including The Equality Act) this must be done in the format of a customer report and not be included on the fitness certificate. This OH Report can be emailed as detailed above.

Email communication regarding an individual which contains personal information must have the confidentiality clause (Appendix 4) attached. Email communication regarding a patient should be saved to the patient’s file on the database.
Consent to Application For and Release of Personal Medical Information

It is essential that you read the information on the back of this form prior to completion.

Personal Information

Surname
Forename(s)

Date of Birth

Address

Postcode

Telephone No

General Practitioner Details

GP Name
Surgery Name

Address

Postcode

Telephone No

Specialist/Other Healthcare Provider Details

Name
Secretary Name
(if known)

Address

Postcode

Telephone No

Hospital Registration Number

Declaration

I have read my rights under the Access to Medical Reports Act 1988, overleaf.

I consent/do not consent* to Hampshire County Council’s Occupational Health Department applying to my Doctor for a medical report on me.

I give/do not give* my Doctor permission to disclose confidential medical information to the Occupational Health Department.

I wish/do not wish* to see my Doctor’s report before it is sent to the Occupational Health Department.

I understand that the information will be retained by the Occupational Health Department on a confidential basis and that any advice given to Management and HR will be expressed in terms of my fitness for employment with Hampshire County Council and/or my fitness to carry out my duties both now and in the future. Medical information will only be released with my explicit consent.

Signature
Date

Appendix 1
Health and Wellbeing Service – Occupational Health

Hampshire County Council’s Occupational Health Department may need to write to your Doctor requesting a report on information which is relevant to your medical condition. Your Doctor means your family GP or a Hospital Doctor or specialist treating you.

Access To Medical Reports Act 1988

Under the terms of the above Act you have the following rights:

- To refuse to give consent

- To view the report prior to despatch to the Occupational Health Department, if you wish

- To arrange to see the report within a period of 21 days of the date on which Occupational Health requested the report. If you do not make such a request within 21 days, the report will be automatically sent to OH, provided you gave consent to the disclosure.

- If you have opted to see the report, you may then withdraw consent to its being sent to OH, should you so wish.

- To ask for amendments to be made to the report if you consider it to be misleading, or any information to be incorrect – you must do this in writing. If the doctor does not agree with you he/she does not have to amend the report. You will be invited to write a statement giving your views on the disputed information.

- If you ask your doctor for a copy he/she may charge you a reasonable fee to cover the cost of supplying the report.

- Your doctor has the right to withhold information from you if it is deemed to cause serious harm to your physical or mental health
Consent to Collect Data and Provide a Report to Management/HR

You have been referred to the Health and Wellbeing Service by your manager to assist with managing your wellbeing in the working environment.

You will be assessed by one of our professionals within this department. This will either be an Occupational Health Physician, Occupational Health Nurse or a Counsellor.

The information we collect, is stored on a database and held securely within the Health and Wellbeing Service.

Under s7 Data Protection Act 1998 you have the right to request to see your personal information if you so wish.

However, the purpose of the assessment is to provide a report to management and HR. The contents of this report will be discussed with you and you have the following rights:

- You can refuse consent for releasing medical information.
- You will be sent a copy of the report at the same time as or before your manager and HR.
- If you consider any of the information in the report to be incorrect or misleading, you can ask for it to be amended. If we don’t agree with you, we don’t have to change the report, but you will be invited to submit your comments in writing and they will be attached to the report.

Surname
Forename(s)

Date of Birth

Address

Postcode

Email

Telephone No

Declaration

I have read my rights above.

I understand that the information will be retained by the Health and Wellbeing Service on a confidential basis and that any advice given to Management will be expressed in terms of my fitness for employment with Hampshire County Council and/or my fitness to carry out my duties both now and in the future. Any medical information will only be released with my consent.

I hereby give my consent to being assessed by the Health and Wellbeing Service and for an appropriate report to be sent to my employer.

Signature
Date
Client Information Sheet & Consent Form
Counselling within the Health & Wellbeing Service

Client Reference Number: ________________ It is important that you quote this number in any communication with the service.

Counselling within the Health & Wellbeing Service – Data Control

All our services are confidential. Your identity and personal details will always be protected by the Health & Wellbeing Service. The only exceptions we will make are when we judge that there is a risk to self or others. This includes disclosure of risk to children by people other than the client. In the rare event that we break confidentiality this is done where possible with your consent and only to parties (e.g. GPs) who absolutely need to know. The Confidentiality Policy explains this in more detail. Please ask your counsellor if you wish to see a copy.

You may be asked to complete a brief questionnaire while involved in face to face counselling with your counsellor. Completion of the questionnaires is voluntary. If you choose not to complete the forms this will not affect your counselling / therapy in any way. Your responses to the questionnaire will help you and your counsellor to understand more about your issues, and find the most effective way of assisting you.

Your counsellors may make written notes during your sessions. These are kept securely by your counsellor for the duration of your counselling sessions and will be destroyed on the conclusion of your case.

Statistical Information

In order to continue to improve counselling within the Health & Wellbeing Service and ensure continued funding, regular anonymised statistical information is reported to the HCC Corporate Management Team.

At no time is any personal information reported and no one outside the Health & Wellbeing Service has access to client personal records. This commitment to maintain confidentiality within the service is fully supported by the Corporate Management Team.

Client Consent Form

- I am aware that counselling within the Health & Wellbeing Service is confidential. My identity and personal details are protected.
- I consent to the processing of the information I provide on the questionnaire, for the purpose of analysis and research, and in accordance with the provisions of the Data Protection Act 1998.
- I understand that I will not be identified in any way by anything that is reported following the research.

I hereby give consent for the Health & Wellbeing Service to hold written counselling and other records relating to my contact with them.

Name (Block Capitals) : …………………………………………………………………………..

Signed: ……………………………………… (Client) Date:…………………………

Name (Block Capitals) : …………………………………………………………………………..

Signed:………………………………………… (Counsellor) Date:…………………………

One copy to be retained by the client if they wish and the other the Health & Wellbeing Service
Confidentiality Clause

This email, and any attachments, is strictly confidential and may be legally privileged. It is intended only for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or other use of this communication is strictly prohibited. If you have received this message in error, please contact the sender.

Please be advised that all e-mail communication relevant to assisting in the management of the OH process will be entered into the individual's OH file.

Any request for disclosure of this document under the Data Protection Act 1998 or Freedom of Information Act 2000 should be referred to the sender.
HEALTH AND WELLBEING SERVICE
CONFIDENTIALITY POLICY STATEMENT

Aims
To ensure that all staff working within Health and Wellbeing Service, including non-clinical staff, understand their ethical and legal responsibilities

Confidentiality Statement
All staff working in the Health and Wellbeing Service must sign a confidentiality statement to state that they have read the Confidentiality Policy, understand the contents and will apply the policy in practice. This will include not disclosing any information other than in accordance with this policy.

Fundamental Principles
The Health and Wellbeing Service has a duty of care to take reasonable steps to ensure that confidential information that is held on record (electronically and manually) remains confidential and can only be disclosed in accordance with this policy. Any patient/client seen within the department must be advised of this and must sign a consent form as set out at appendices 2 and 3.

You can assume implied consent from an individual if you need to discuss their health with another health professional in the department. You do not need written or verbal consent for doing so.

All communication between staff working within the Health and Wellbeing Service will be on a professional basis and thus purposeful, respectful and consistent with the management of confidences as declared to clients.

Under The Data Protection Act (1998), individuals have a right to 'personal data' held on them by the Health and Wellbeing Service and can therefore request access to their records.

Disclosure of information
Confidential information can be disclosed where informed consent is clearly provided by the client.

Without consent disclosure must only take place in the circumstances described in section 2.5 of the policy.

The decision on whether confidentiality can be breached should be discussed with a senior staff member within the Health & Wellbeing Service.

Confidentiality Statement
During the course of employment I may have access to, gain knowledge of, or be entrusted with medical and/or sensitive personal information concerning clients.

I agree not to disclose to any person or make any use of such confidential information as described above at any time, whether during or after the end of employment with the Health and Wellbeing Service.

Breach of confidentiality is viewed very seriously. Any such breach may be regarded as misconduct or gross misconduct and could result in disciplinary action.

I, the undersigned, have read the confidentiality policy and understand and accept the above.

Name
Job Title
Signature
Date

Appendix 5
The Data Protection Act 1998

The Data Protection Act 1998, which came into force on 1st March 2000, aims to protect the rights of living individuals to information held by other people. It affects us as private citizens, as well as in our capacity as employees of Hampshire County Council. The Act requires Hampshire County Council and others to comply with eight Principles governing the use of personal data and to bear in mind the rights and freedoms of living individuals when processing their details.

Sensitive personal data.

In this Act “sensitive personal data” means personal data consisting of information as to—

(a) the racial or ethnic origin of the data subject,
(b) his political opinions,
(c) his religious beliefs or other beliefs of a similar nature,
(d) whether he is a member of a trade union,
(e) his physical or mental health or condition,
(f) his sexual life,
(g) the commission or alleged commission by him of any offence, or
(h) any proceedings for any offence committed or alleged to have been committed by him, the disposal of such proceedings or the sentence of any court in such proceedings.

Anyone processing personal data must comply with the eight principles of good practice. These say that data must be:

- fairly and lawfully processed;
- processed for limited purposes;
- adequate, relevant and not excessive;
- accurate;
- not kept longer than necessary;
- processed in accordance with the data subject's rights;
- secure;
- not transferred outside the European Union without adequate protection

The rights of the data subject include being informed if a data controller holds data about them, a description of the data, the purposes for which it is being processed and to whom the data may be disclosed. They are also entitled to receive a copy of any data held, and to have data amended or deleted unless covered by one or more exemption.
The Access to Medical Reports Act (1988) states that patients should be offered a copy of their medical report and the opportunity to review it prior to submission to an organisation that has requested it, eg, their employer or insurance company, or government departments or agencies assessing clients for welfare benefits.

The applicant must inform the patient of its intention to seek a medical report and obtain consent.

Before any medical report can be provided the doctor must be satisfied that the individual has given valid consent to the release of the information.

As part of the consent process the applicant must notify patients of their rights under the legislation. These are:

• to withhold permission for the applicant to seek a medical report (that is, to refuse consent to the release of information)
• to have access to the medical report after completion by the doctor either before it is sent to the applicant or up to six months after it is sent
• if seeing the report before it is sent, to instruct the doctor not to send the report; and
• to request the amendment of inaccuracies in the report.
Providing access to medical records is essentially a confidentiality issue; therefore, the starting point is whether or not the patient has consented to disclosure. If not, access should be denied, unless there is some other clear justification for allowing access.

You should only provide the minimum amount of information necessary to serve the purpose, and you should carefully document your reasons for making the disclosure.
Confidentiality guidance: Principles

6. Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care. But appropriate information sharing is essential to the efficient provision of safe, effective care, both for the individual patient and for the wider community of patients.

7. You should make sure that information is readily available to patients explaining that, unless they object, their personal information may be disclosed for the sake of their own care and for local clinical audit. Patients usually understand that information about them has to be shared within the healthcare team to provide their care. But it is not always clear to patients that others who support the provision of care might also need to have access to their personal information. And patients may not be aware of disclosures to others for purposes other than their care, such as service planning or medical research. You must inform patients about disclosures for purposes they would not reasonably expect, or check that they have already received information about such disclosures.

8. Confidentiality is an important duty, but it is not absolute. You can disclose personal information if:

   (a) it is required by law (see paragraphs 17 to 23)
   (b) the patient consents – either implicitly for the sake of their own care (see paragraphs 25 to 31) or expressly for other purposes (see paragraphs 32 to 35)
   (c) it is justified in the public interest (see paragraphs 36 to 56).

9. When disclosing information about a patient, you must:

   (a) use anonymised or coded information if practicable and if it will serve the purpose
   (b) be satisfied that the patient:
       (i) has ready access to information that explains that their personal information might be disclosed for the sake of their own care, or for local clinical audit, and that they can object, and
       (ii) has not objected
   (c) get the patient’s express consent if identifiable information is to be disclosed for purposes other than their care or local clinical audit, unless the disclosure is required by law or can be justified in the public interest
   (d) keep disclosures to the minimum necessary, and
(e) keep up to date with, and observe, all relevant legal requirements, including the common law and data protection legislation.

10. When you are satisfied that information should be disclosed, you should act promptly to disclose all relevant information.

34. If you are asked to provide information to third parties, such as a patient’s insurer or employer or a government department or an agency assessing a claimant’s entitlement to benefits, either following an examination or from existing records, you should:

(a) be satisfied that the patient has sufficient information about the scope, purpose and likely consequences of the examination and disclosure, and the fact that relevant information cannot be concealed or withheld

(b) obtain or have seen written consent to the disclosure from the patient or a person properly authorised to act on the patient’s behalf; you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented

(c) only disclose factual information you can substantiate, presented in an unbiased manner, relevant to the request; so you should not usually disclose the whole record, although it may be relevant to some benefits paid by government departments and to other assessments of patients’ entitlement to pensions or other health-related benefits, and

(d) offer to show your patient, or give them a copy of, any report you write about them for employment or insurance purposes before it is sent, unless

   (i) they have already indicated they do not wish to see it

   (ii) disclosure would be likely to cause serious harm to the patient or anyone else

   (iii) disclosure would be likely to reveal information about another person who does not consent
Respect people’s confidentiality

- You must respect people’s right to confidentiality.
- You must ensure people are informed about how and why information is shared by those who will be providing their care.
- You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.

Ensure you gain consent

• You must ensure that you gain consent before you begin any treatment or care
• You must respect and support people’s rights to accept or decline treatment and care
• You must uphold people’s rights to be fully involved in decisions about their care
• You must be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision making and are fully safeguarded
• You must be able to demonstrate that you have acted in someone’s best interests if you have provided care in an emergency
The counselling team are individually and as an organisation members of the British Association of Counselling and Psychotherapy and therefore must adhere to their ethical framework.

Practitioners should normally be willing to respond to their client's requests for information about the way that they are working and any assessment that they may have made. This professional requirement may not apply if it is considered that imparting this information would be detrimental to the client or inconsistent with the counselling or psychotherapeutic approach previously agreed with the client. Clients may have legal rights to this information and these need to be taken into account.

Situations in which clients pose a risk of causing serious harm to themselves or others are particularly challenging for the practitioner. These are situations in which the practitioner should be alert to the possibility of conflicting responsibilities between those concerning their client, other people who may be significantly affected, and society generally. Resolving conflicting responsibilities may require due consideration of the context in which the service is being provided. Consultation with a supervisor or experienced practitioner is strongly recommended, whenever this would not cause undue delay. In all cases, the aim should be to ensure for the client a good quality of care that is as respectful of the client's capacity for self-determination and their trust as circumstances permit.