


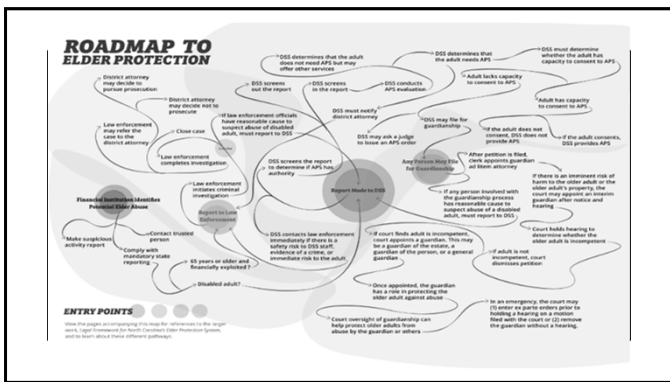
MDT INFORMATION SHARING: WHEN ARE NC CONFIDENTIALITY LAWS A BARRIER?

UNC SCHOOL OF GOVERNMENT

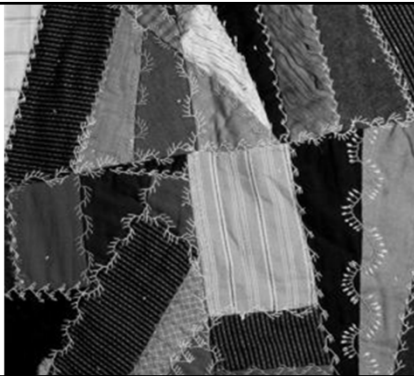
NOVEMBER 2020



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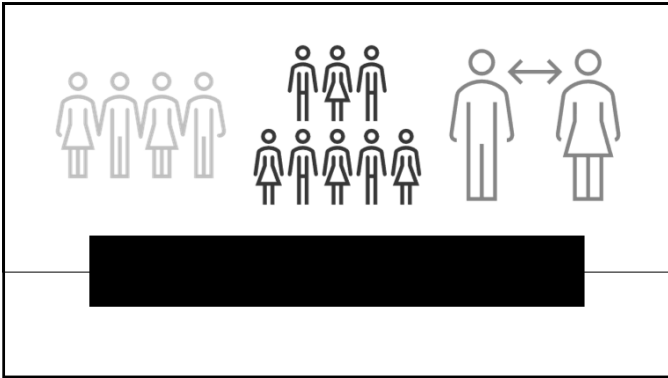


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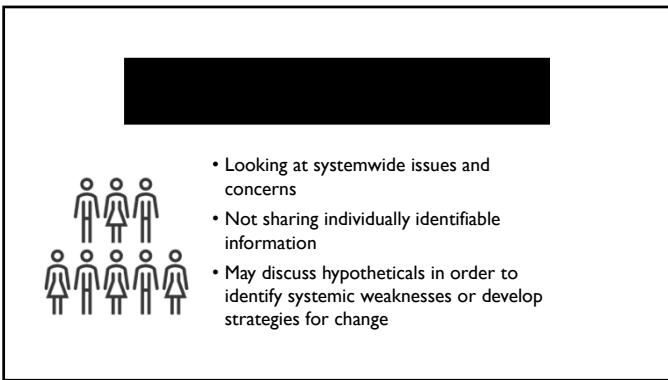


- Patchwork of disconnected confidentiality laws
- Confusion and concern
- Default is to withhold

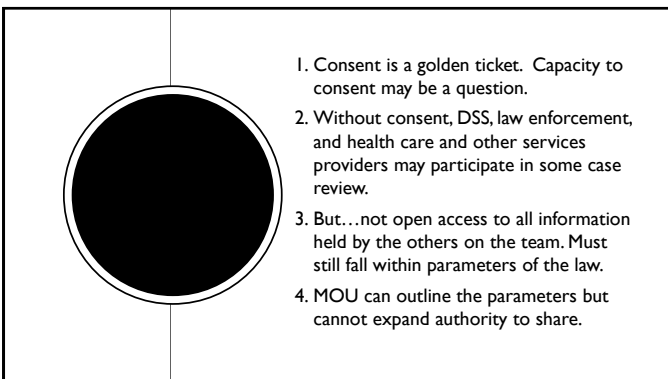
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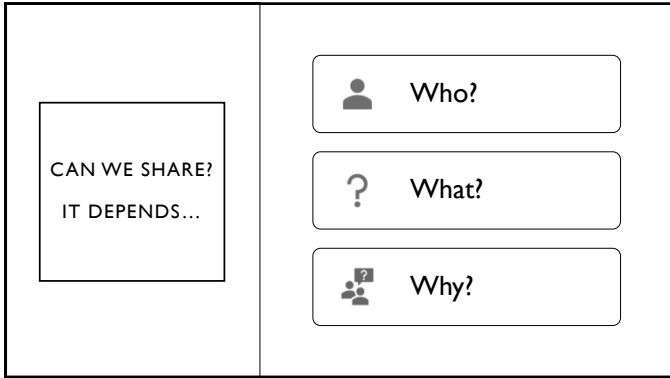
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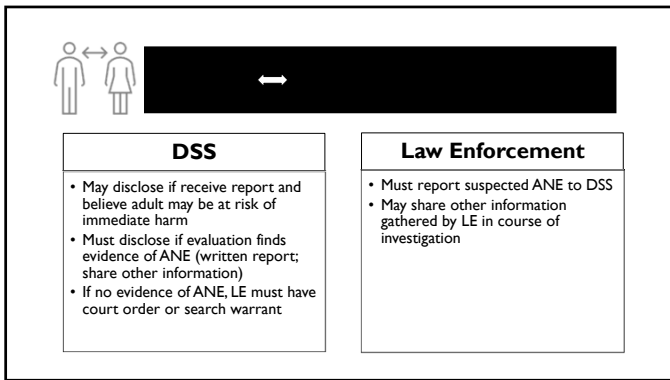
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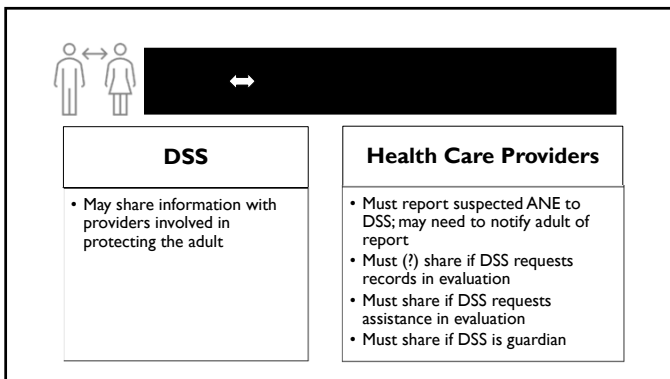
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Law Enforcement	Health Care Providers
<ul style="list-style-type: none"> • May share information gathered by LE in course of investigation 	<ul style="list-style-type: none"> • Must report certain illnesses or injuries • May share limited info if serious threat to health or safety • May share limited info when crime committed • May share if LE requests info about a crime victim if immediate LE need



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- An imperfect option for NC
- An MOU can help define parameters but cannot expand scope of legally permitted information sharing



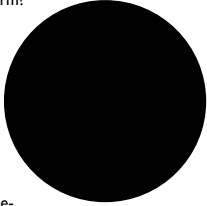
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- Looking at systemwide issues and concerns
- Not sharing individually identifiable information
- May discuss hypotheticals in order to identify systemic weaknesses or develop strategies for change

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- Case review
 - With consent: When appropriate? Standard consent form? Who is involved?
 - Without consent: When appropriate? Who is involved? *(limited to DSS, LE, health care or service providers if involved in care)*
- Systemic review
 - What are the types of issues the group should review?
 - How are issues proposed for review?
 - If a case will be discussed, how should information be de-identified and shared?
- Confidentiality



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- How could a case review MDT improve elder protection in your community?
- How could a systemic review MDT improve elder protection in your community?
- What approach makes the most sense for your team and community at this point in time?

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