



**Mendocino County**  
**Department of Social Services**  
*Healthy People, Healthy Communities*  
**Bekkie F. Emery, Director**  
**Kelsey Rivera, Assistant Director**



**AB 210 Employee Participation and Confidentiality Agreement for Mendocino County**  
**Adult and Family Multi-Disciplinary Personnel Teams**

**I. Background**

The passage of Assembly Bill 210 created Section 18999.8 of the Welfare and Institutions Code which permits multi-disciplinary personnel teams (MDTs) comprised of employees of Participating Agencies to share and exchange information made confidential by State law in order to facilitate the expedited identification, assessment, and linkage of homeless adults and families to housing and supportive services within the County.

MDT members may disclose and exchange with one another otherwise confidential information, if the team member possessing that information reasonably believe it is generally relevant to the identification, assessment, and linkage of homeless adults and families to housing and supportive services, and provided that no information may be shared in a manner prohibited by federal law or regulations.

Ensuring the confidentiality of information regarding homeless individuals and families is of critical importance. All information shared between AB 210 MDT members is private and confidential. WIC 18999.8 requires all persons who have access to confidential information pursuant to the MDT to sign a confidentiality statement.

**II. Use and Confidentiality of Information**

As a Participating Employee, you must: 1) abide by the County of Mendocino and your department's/agency's policies and procedures governing the use, disclosure, sharing and maintenance of confidential information; 2) uphold all privacy protection standards established by the County of Mendocino and your department/agency; 3) comply with State of California laws and regulations that protect client records and are not superseded by AB 210; and 4) comply with all relevant federal confidentiality laws and regulations that protect client records.

The following document, attached hereto and incorporated herein, set forth the County Mendocino's requirements for Participating Agencies and their employees governing information sharing and maintenance of the confidentiality of information:

- *"Mendocino County Protocol Governing Information Sharing By Mendocino County Homeless Adult And Family Multidisciplinary Personnel Teams Convened Pursuant To Welfare And Institutions Code Section 18999.8"*

Additionally, your employing Participating Agency may promulgate its own policies and procedures including but not limited to, those regarding Acceptable Use, Safeguards for Personally Identifiable Information, Confidentiality of Records, Disciplinary Actions for Failure to Comply with Policy and Reporting Privacy and Security Incidents/Breaches.

**III. Acknowledgement and Agreement:**

By your signature below, you are certifying that:

- You have received a copy of "*Mendocino County Protocol Governing Information Sharing By Mendocino County Homeless Adult And Family Multidisciplinary Personnel Teams Convened Pursuant To Welfare And Institutions Code Section 18999.8*";
- You will abide by the County and your employing Participating Agency's policies and procedures concerning information sharing and confidentiality when participating as a member of an MDT;
- You agree that you will only share/disclose information that you reasonably believe is generally relevant to the identification, assessment, and linkage of homeless adults and families to housing and supportive services;
- You understand that no confidential information or writings shall be disclosed to persons who are not members of the MDT, except to the extent required or permitted under applicable law;
- You agree that information and/or records you obtain as a MDT member will be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights;
- You have received an AB 210 orientation/training by Mendocino County Department of Social Services staff; and
- You understand that any violation of this Participation and Confidentiality Statement is grounds for immediate suspension or revocation of your current and future authorization to disclose or receive confidential information as a member of any MDT.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department/Agency Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Approved by Social Services Director or Designee:

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

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