Determining risk and disclosure of information without client consent as excerpted from the *Practice Guidelines for Consent and Confidentiality with Children and Youth*

This resource is a quick reference to risk mapping and the limits of consent and overrides to confidentiality as explained in Part 5: Decision-Making Process for Children and Youth Clients, page 22 of the *Practice Guidelines for Consent and Capacity with Children and Youth*. Registrants are encouraged to read the Practice Guidelines in their entirety.

Risk of harm

Registrants working with children and youth clients may face situations where there is a significant risk of harm to the clients or others. Examples might include: illegal sexual activity, use of firearms, suicidal/homicidal ideation. In such cases, registrants are required to use their professional judgment when the risk of harm to the client or any other person overrides the usual commitment to confidentiality.

The main section of PHIPA regarding risk of harm that registrants need to know about is section 40, which gives discretion to disclose personal health information if there is a significant risk of serious bodily harm:

Disclosures related to risks

40 (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

That means, when assessing risk and determining whether to share information with the client's family, school, police or others, registrants can:

1. Tell **anyone** appropriate in the circumstances (not just police or family) if telling them will help to eliminate or reduce risk – i.e. there is something that they could do about the situation.
2. Share **any** personal information and amount of information (as long as it is the least amount appropriate in the circumstances).

3. Have reasonable grounds and use their judgment and are not held to a standard of perfection or certainty.
4. (*and should*) Consider the likelihood of the risk happening.
5. (*and should*) Consider the potential consequences of the risk.
6. Consider the impact of the risk to the client or any other identifiable person or group.

Risk mapping is a technique that can be used to assess actual and potential risks. It is a process that looks at the consequences of an event – severe, major, moderate, minor or insignificant and the likelihood of an event happening – almost certain, likely, possible, unlikely or rare. You can use a risk map to assess whether something is "risky" or not.

Registrants are invited to use a map such as this to help think through the likelihood and consequences of risk to a client:

	Consequence					
Likelihood		**Severe (5)**	**Major (4)**	**Moderate (3)**	**Minor (2)**	**Insignificant (1)**
	Almost Certain (5)	High (10)	High (9)	Elevated (8)	Elevated (7)	Moderate (6)
	Likely (4)	High (9)	Elevated (8)	Elevated (7)	Moderate (6)	Moderate (5)
	Possible (3)	Elevated (8)	Elevated (7)	Moderate (6)	Moderate (5)	Low (4)
	Unlikely (2)	Elevated (7)	Moderate (6)	Moderate (5)	Low (4)	Low (3)
	Rare (1)	Moderate (6)	Moderate (5)	Low (4)	Low (3)	Low (2)

Consequences:

Severe	Death (suicide, homicide), irreparable physical or mental harm, weapons, explosives, terrorism, abduction, sexual assault/abuse, illegal sexual activity, human trafficking, child in need of protection (physical, sexual, emotional harm), serious environmental hazards (bioterrorism)
Major	Significant physical or mental harm (including self-harm), violence, threats, stalking, harassment, missing person identified by police, loss of consciousness, overdose, starvation, discrimination (human rights), loss of function or ability to complete activities of daily living
Moderate	Delayed recovery, moderate physical or mental consequence (including self-harm), risky consensual albeit legal sexual behaviour, risky pharmaceutical or drug use, poor clinical choices, poor self-care, isolation, damage to property, verbal abuse, breakdown in therapeutic relationship

Minor	Delayed service, minor physical or mental impact (including self-harm), suboptimal self-care, use of profanity
Insignificant	Little to no physical or mental impact, discomfort, rudeness, preference not met, uncomfortable/unpleasant conversation, inconvenience, embarrassment

The risk map can be used to determine a total risk of harm score, which can assist College registrants to understand how to take action:

High 9-10	**Elevated 7-8**	**Moderate 5-6**	**Low 2-4**
Madatory urgent action	Take action - consider risk	Monitor	Accept risk

Risk Level	**Action Required**
High (9-10)	• Clear need to take action to protect a life – safety overrides privacy • **Usually means calling police or 9-1-1** • **Usually means calling parents/guardians** • **Often also involves warning potential victims** • Get legal/professional advice during or after • Activate clinical supports for client • Notify client's support community as appropriate • Active monitoring until risk dissipates • Report to supervisors or leadership ASAP • Make mandatory reports if required • Document all relevant information • Usually requires incident report
Elevated (7-8)	• Discretion to warn – do evaluation of risk • **Consider to whom reporting information would reduce or eliminate the risk of harm (parents/guardians? Police? Trusted friend? Other care providers?)** • **Consider notifying client's support community as appropriate** • **Nuanced conversation about what information will be shared** • Get legal/professional advice if there is time • Consult with supervisors/leadership ASAP • Activate clinical supports for client • Active monitoring until risk dissipates • Document all relevant information • May require incident report
Moderate (5-6)	• Note the risk • **Discuss with client options to de-escalate and how to avoid isolation (nuanced privacy conversations to engage parents/guardians and clinical supports)** • Encourage client to have community support (for example at school)

Moderate (5-6)	• Activate clinical supports • Document all relevant information • Monitor as appropriate and as situation changes
Low (2-4)	• No action needed • Does not usually require documentation • **Consider clinical needs to meet** • **Encourage client to have community support** • No sharing without consent