MDHHS
Michigan Department of Health & Human Services
Division of Victim Services

DATE: January 9, 2026

TO: Division of Victim Services Grantees

FROM: DVS Quality Assurance Staff

SUBJECT: Guidance Document on Confidentiality and Public Health Disease Investigation

This paper is not intended to be a directive regarding Confidentiality and Disease Investigation. Please use it as a resource to guide your critical assessments and informed decision-making to best serve the needs of survivors in your communities.

Background

At the onset of the COVID-19 pandemic, MDHHS shared guidance to victim service providers on issues related to confidentiality and public health crises. Prior outbreaks of measles and whooping cough in some areas have prompted health officials to initiate investigations to prevent further transmission. MDHHS has reviewed laws and regulations governing both the protection of victim confidentiality and public health information and investigations. Following is a summary of that review, with guidance to support victim service providers' efforts to comply with relevant laws and regulations.

Introduction

Confidentiality is a touchstone of victim services and is critical to the advocacy provided to victims of crime particularly survivors of domestic violence, sexual assault, human trafficking, and stalking. Violence survivors need to know that they can get help while maintaining control over what happens to their personal information. Victim service providers who receive federal funding are bound by confidentiality restrictions,[1] and Michigan law carves out legal privileges for a variety of professionals, including sexual assault and domestic violence counselors.[2]

However, there are circumstances in which victim service providers are permitted, or even required, to release confidential victim information to third parties. One situation

[1] The federal victim services confidentiality provisions are a set of nearly identical laws and regulations found in the Victims' of Crime Act (VOCA) (28 CFR 94.115), the Violence Against Women Act (VAWA)(34 USC §12291(b)(2); 28 CFR 90.4(b)), and the Family Violence Prevention and Services Act (FVPSA) (42 USC § 10406(c)(5)).

[2] MCL 600.2157a (defining sexual assault or domestic violence counselor broadly, as "a person who is employed at or who volunteers service at a sexual assault or domestic violence crisis center, and who in that capacity provides advice, counseling, or other assistance to victims of sexual assault or domestic violence and their families".)

where victim service providers may be asked to provide victim information, is during a public health investigation of certain transmissible illnesses or disease. This is especially true for programs that operate shelter facilities, but the potential for disease exposure and transmission exists in other communal programs such as individual or group counseling, classes, or even one-on-one advocacy. Public health investigations, including contact tracing and exposure notification, are important to combat the spread of infectious disease and limit an outbreak's impact. Yet, cooperation with public health authorities presents confidentiality, privacy, and safety concerns for victim service providers. This paper is intended as a guide for grantees who are faced with requests for victim information and/or facility access from local or state public health departments.

Federal Confidentiality Requirements

As a condition of receiving VOCA, VAWA, and/or FVPSA funds, programs are prohibited from releasing or sharing personally identifying information ("PII") of anyone who requests or receives victim services for domestic violence, sexual assault, dating violence or stalking.[3] PII is defined as a fact, or facts taken together, that reveals a person's identity. Examples of PII include someone's name, address, phone number, social security number, birth date, number of children, race, ethnicity, or religion. Programs are absolutely prohibited from releasing PII unless one of these exceptions applies:

1. The survivor gives written, specific, time-limited consent for the release of their information after being fully informed of the potential consequences of releasing this information.
2. A law mandates the disclosure.
3. A court orders the disclosure[4].

The federal confidentiality requirements are designed to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, and stalking.

Public Health Disease Investigation

The Michigan Public Health Code and administrative rules give local and state health departments the authority and responsibility to investigate diseases, infections, epidemics, and situations with potential for causing diseases.[5] All persons must cooperate with an investigation by providing medical, epidemiologic, and other

[3] 28 CFR 94.115; 34 USC §12291(b)(2); 28 CFR 90.4(b); 42 USC § 10406(c)(5)
[4] 28 CFR 94.115(a)(2) and 28 CFR 94.115(b); 34 USC §12291(b)(2)(B)(ii) and 34 USC §12291(b)(2)(C) ; 28 CFR 90.4(b)(3); 42 USC § 10406(c)(5)
[5] Mich. Admin. Code R. 325.174, Rule 4

information to any local or state public health investigator who presents official identification and requests such information about any of the following:

1. Individuals who have any condition required to be reported or other condition of public health significance.
2. Individuals, whether ill or well, who are part of a group in which an unusual occurrence, outbreak, or epidemic has occurred.
3. Individuals who are not known to have a condition, but whose medical or epidemiological information is needed for investigation into the cause of a condition of public health importance.
4. Individuals potentially exposed to a designated condition.
5. Individuals who may be a carrier or health threat to others under MCL 333.5201.
6. Any other information that may be relevant to an investigation.[6]

The Division of Victim Services interprets the Michigan Administrative Code and Regulations as legal mandates that fall within the recognized exceptions to the federal confidentiality provisions. Victim service providers can, therefore, provide requested information to public health investigators without a release of information. For example, public health officials may want the names and contact information for current and recent shelter residents to trace and notify individuals who may have been exposed to illness there.

Michigan statutory law also gives public health officials the power to inspect, investigate, or authorize an inspection or investigation to be made of any matter, thing, premise, place, person, record, vehicle, incident, or event.[7] Hence, victim service providers must agree to a public health official's request for access to physical space, records, clients, and/or physical objects without client releases. In doing so, it is important that programs attempt to negotiate how access is accomplished in order to preserve confidentiality to the greatest extent possible (see the Be Prepared section below).

The Michigan Department of Health and Human Services has rules and practices to keep information that is gathered by the state or local health departments confidential.[8] Programs should make the investigating health department aware of any safety concerns associated with disclosing PII that may put a survivor at risk—the department should take these safety concerns very seriously, Health departments frequently encounter confidentiality concerns and they will address any questions that providers have.

Being Prepared

[6] Mich. Admin. Code R. 325.174, Rule 4
[7] MCL 333.2446
[8] Mich. Admin. Code R. 325.181, Rule 11

Many of us first became aware of contact tracing and exposure notification during the Covid-19 pandemic. Although that global health emergency has ended, the potential for large and small disease outbreaks exists in every community. Victim service providers must be prepared to handle public health department investigations that could involve requests for access to facilities, records of program participants, and releases of other confidential, personally identifiable information. Organizations are strongly encouraged to develop written policies and protocols in advance of potential public health inquiries, in consultation with corporate counsel. Programs should consider the critical issues listed below, while being mindful of the potential positive and negative impacts on clients, staff and others:

- Talk with your local health department ahead of time about your program's confidentiality requirements and concerns so that when/if there is a public health situation, they are familiar with them and can help you to narrowly tailor any required release of PII. Ideally, establish a joint, written protocol with the health department so that coordination is memorialized to outlast staffing changes.

- Agencies should add Public Health required disclosure procedures/ protocols to agency confidentiality polices, and train staff/volunteers to this exception. Additionally, agencies should include notice of this confidentiality exception in all written and verbal client confidentiality statements / notices / disclosures.

- Programs must be careful to release **only the information** that is **specifically required** by the applicable statutory or court mandate, since this is the only information to which the VAWA, FVPSA, and VOCA exceptions apply.

- Any time information must be released due to a legal mandate, the program must attempt to notify persons affected by the disclosure and must take steps necessary to protect affected persons' privacy and safety.[9]

- Programs should be aware of any emergency orders issued during a public health event, which could impose additional requirements related to disclosure of PII.

- If notification of an exposure is required, consider effective alternatives to disclosing PII, such as notifying staff and residents of a potential exposure within a specified building or area during a certain time frame, rather than exposure to a specific client.

[9] 34 U.S.C. § 12291(b)(2)(B),(C) and 28 C.F.R. § 90.4 (applicable to VAWA grantees and sub-grantees); 42 U.S.C.A. § 10406(c)(5) (applicable to FVPSA grantees and sub-grantees); 28 C.F.R. § 94.115 (applicable to VOCA state administering agencies and sub-recipients).

- Physicians, clinical laboratories, primary and secondary schools, childcare centers, and camps are required to report the occurrence or suspected occurrence of any disease, condition or infection as identified in the Michigan Communicable Disease Rules.[10] If your program employs a physician(s) or operates a licensed childcare center, mandated disease reporting requirements must also be followed.

[10] Communicable Disease Reporting in Michigan