

# Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	<b>The Designated Record Set and Protected Health Information (PHI)</b>	Policy No. <b>5006.01</b>
Category:	Privacy & Security	Date Adopted: 01/01/2020 Date Revised: 06/11/2021 Date Revised: 05/18/2021
Reference:	Washington Department of Social and Health Services Contract with Great Rivers Behavioral Health Administrative Services Organization	

**Policy:**

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) will maintain the following items in its designated record set:
  - 1.1.1. **The Medical Record**, including all of the items listed below, and any other records of care that would be appropriate:
    - 1.1.1.1. Intake (contains clinical diagnostic assessment)
    - 1.1.1.2. Progress notes and documentation of care provided for both treatment and reimbursement purposes. This would not include all residential shift notes or other notes kept in the residential record or in a logbook maintained at the site.
    - 1.1.1.3. Psychiatric Diagnostic Assessment
    - 1.1.1.4. Respite Intake, progress notes, treatment plan
    - 1.1.1.5. Treatment Plan
    - 1.1.1.6. Multidisciplinary progress notes/documentation
    - 1.1.1.7. Reauthorizations (functional status assessments)
    - 1.1.1.8. Content of any consultation with internal or external individuals regarding an Individual of Service's care
    - 1.1.1.9. Crisis Plan
    - 1.1.1.10. Nursing assessments, medication monitoring, medical progress notes
    - 1.1.1.11. Crisis Contact Reports
    - 1.1.1.12. Orders for diagnostic tests and diagnostic study results
    - 1.1.1.13. Jail Outreach Contact Reports
    - 1.1.1.14. Practice guidelines that imbed patient data
    - 1.1.1.15. Outreach to Homeless and Hispanic Reports
    - 1.1.1.16. Records of physical history and examinations
    - 1.1.1.17. Geriatric Outreach Reports
    - 1.1.1.18. Records of services provided by specialty providers, including assessments, service plans, progress notes

- 1.1.1.19. ITC Related Documents
- 1.1.1.20. Telephone consultation records
- 1.1.1.21. Consent For Treatment
- 1.1.1.22. Telephone orders
- 1.1.1.23. Exit Document
- 1.1.1.24. Reports from indirect treatment providers
- 1.1.1.25. Medication Logos & Consent for Medications
- 1.1.1.26. Legal documents and correspondence between the agency and the individual in service or others involved in the individual in service's care
- 1.1.1.27. Utilization management or utilization review forms that are used to determine or review level of care decisions including enrollment and exit documents.

**1.1.2. The Billing Record**

- 1.1.2.1. Signature on File
- 1.1.2.2. Individual Financial Hardship Assessment & related documentation
- 1.1.2.3. Consent to Bill Third Parties
- 1.1.2.4. Copies of any insurance cards and other data on insurance coverage
- 1.1.2.5. Fee Agreement
- 1.1.2.6. Authorizations for services or other written acknowledgements of an Individual of Service's eligibility for services
- 1.1.2.7. Requests for Prior Authorization of Services
- 1.1.2.8. Billing records, including dates, services provided, provider billing, payment records, and other information used to bill or to record and report encounters or services

1.2. PHI is kept in many forms throughout the agency. Each of the existing repositories of PHI have been identified, documented, and approved for usage. It is Great Rivers BH-ASO policy that any new need for creation of an additional repository of PHI must follow the same process. Unsanctioned maintenance of PHI in any form will lead to disciplinary action.

1.2.1. Documentation retention requirements include:

- 1.2.1.1. Policies and procedures for medical records and PHI
- 1.2.2. Other policies and procedures to review that are related to this policy:
  - 1.2.2.1. Individual rights to access, amendment, and accounting;
  - 1.2.2.2. Administrative requirements — documentation

**Procedure:**

2.1. The Designated Record and PHI

- 2.1.1. Every individual of service will have a medical record and a billing record that together will comprise the "designated record set" for the Individual of Service.
- 2.1.2. If an employee or contactor of Agency is not sure if a certain document or piece of information belongs in the designated record set the supervisor or the Privacy Officer should be contacted for advice.

- 2.1.3. If an employee or contractor believes that there are documents in an Individual of Service's designated record set that do not belong there, they should immediately contact the supervisor or the Privacy Officer for resolution of the matter.

## 2.2. Medical Records

- 2.2.1. The medical record (see section 1.1.1) will be created, stored, and secured according to agency policy, licensing requirements, and any relevant accreditation standards.
- 2.2.2. All of the information in the medical record that is used to make decisions about the individual will be a part of the designated record set.
- 2.2.3. Employees and contractors who create or handle the PHI that will become a part of the medical record or who have access to the medical record have certain responsibilities. They include:
  - 2.2.3.1. All PHI created by an employee or contractor of agency should comply with agency policy and regulation on content, dating and appropriate signatures;
  - 2.2.3.2. All PHI required to be created by an employee or contractor should be completed as soon as possible and at least within the time frames designated by agency policy on medical records or other applicable policy;
  - 2.2.3.3. Any PHI obtained from a third party by an employee or contractor that should be filed in the medical record should be reviewed as soon as possible for relevant content and placed in the appropriate place to be filed in the medical record or should be filed by medical records staff;
  - 2.2.3.4. Any PHI that must be filed in the medical record should be filed on a timely basis, in date order and in the appropriate section of the medical record;
  - 2.2.3.5. Clinical staff who wish to create, use, and store Psychotherapy Notes (as defined by HIPAA Privacy Rule) must have the prior approval of the Compliance Officer before doing so. These Notes are not a part of the medical record and should not be kept in the medical record; and
  - 2.2.3.6. Clinical or direct service staff who wish to create a supplementary Individual of Service's record for their use in the community or at satellite sites that includes copies of any part of the medical record or any other PHI should avoid doing so unless no reasonable alternative exists. Staff are urged to explore options with their supervisor and to use significant caution in the transportation and use of any such PHI. If a supervisor is unavailable, the Privacy Officer should be notified.

## 2.3. Billing Records

- 2.3.1. The billing records of the agency will be created, maintained, and secured according to agency policy, any relevant accreditation standards, and will contain the following information:
  - 2.3.1.1. Signature on File
  - 2.3.1.2. Individual Financial Hardship Assessment & related documentation
  - 2.3.1.3. Consent to Bill Third Parties
  - 2.3.1.4. Copies of any insurance cards and other data on insurance coverage
  - 2.3.1.5. Fee Agreement
  - 2.3.1.6. Authorizations for services or other written acknowledgements of Individual of Service's eligibility for services

- 2.3.1.7. Requests for Prior Authorization of Services
- 2.3.1.8. Billing records including dates, services provided provider, billing, and payment records and other information used to bill or to record and report encounters or services
- 2.3.2. The responsibility for maintaining the billing record is shared by a number of departments in the agency. Internal procedures will be developed to ensure coordination and timely communication between departments of any changes in insurance or financial status, completion of certain documents in the billing records, such as requests for service authorizations from insurance companies, and changes in address, phone number, living situation, education, employment, disability status, etc.
- 2.3.3. Each employee or contractor who is responsible for obtaining or maintaining any of the billing records is responsible for:
  - 2.3.3.1. Ensuring that the information is complete, communicated to the appropriate person, and filed (or entered into the billing database) in a timely manner;
  - 2.3.3.2. Ensuring that the information is appropriately secured according to agency policy.
- 2.3.4. No employee or contractor should maintain any of the information contained in the billing record in a separate file or outside of the locations designated in agency policy. However, in certain circumstances an employee may be asked to obtain billing information in a community location or at a satellite site. In these cases, the information should be secured until it can be given or communicated to the appropriate person.

POLICY SIGNATURE

DocuSigned by:  
*Trinidad I. Medina*  
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6/24/2021

Trinidad Medina,  
Chief Executive Director

Date