

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Administrative Requirements - Documentation	Policy No. 5015.00
Category:	Privacy & Security	Date Adopted: 1/10/2020 Date Revised: Date Reviewed:
Reference:	Washington Health Care Authority Contract with Great Rivers Behavioral Health Administrative Services Organization; RCW 70.41.190; 45 CFR 164.316	

Policy:

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) and its contracted-providers will retain all documentation as described in the Privacy Rules for a period of ten (10) years from its creation or from the date it was last in effect, whichever is later. The ten (10) year period does not apply to the retention of the medical record itself.
- 1.2. Great Rivers BH-ASO's contracted-providers' Privacy Officers will assure that all documentation is preserved for the appropriate retention period in whatever medium is considered appropriate for each required item.
- 1.3. The material subject to documentation retention requirements is set out in each of the relevant policies and procedures. The list that follows summarizes these requirements:
 - 1.3.1. The Notice of Privacy Practices, with copies of the notices maintained by implementation dates for each version;
 - 1.3.2. All Policies and Procedures, with copies of each Policy and Procedure maintained through each of its iterations;
 - 1.3.3. Workforce training efforts;
 - 1.3.4. Restrictions to uses and disclosures of PHI that were granted;
 - 1.3.5. The Designated Record Set;
 - 1.3.6. Personnel roles related to implementation of Privacy Rules – the Privacy Officer, the person or office designated to receive complaints, the titles of person(s) or office(s) who are responsible for receiving and processing requests for access by individuals, and the titles of person(s) or office(s) responsible for receiving and processing requests for amendments and accountings of PHI;
 - 1.3.7. For each accounting provided to an individual – the date of disclosure, the name and address of entity or person who received the PHI, a description of the PHI disclosed, a briefly stated purpose for the disclosure, and the written accounting that was provided;
 - 1.3.8. Any signed Authorization;
 - 1.3.9. All complaints or grievances received and their dispositions, not kept in the medical record but in a separate file, folder or electronic field; and
 - 1.3.10. Any sanctions against members of the workforce that have been applied as a result of non-compliance not kept in the medical record but filed in employee's personnel file.

Procedure:

- 2.1. Administrative Requirements – Documentation

2.1.1. Section 1: Documentation maintained by Privacy Officer

- 2.1.1.1. Great Rivers BH-ASO's Privacy Officer, or Designee, will be responsible for maintaining in files under their control the current and historical copies of certain HIPAA compliance documents described below. Historical documents should be kept for a minimum of 10 years from the effective date listed on the document or the date it was last in effect, whichever is later. The documents may be kept in either paper or electronic form or both.
 - 2.1.1.1.1. Copies of versions of the Notice of Privacy Practices used in the organization. Each document that is no longer in use should have an effective date and a retirement date listed directly on the document. In addition, any memos instructing staff on the destruction of old or out of date versions and the effective date of the new shall be kept with the version discussed in the memo.
 - 2.1.1.1.2. Copies of all Policies and Procedures specific to the organization's privacy practices. Each Policy and Procedure no longer in use shall have an effective date and a retirement date listed directly on the document the list of Policies and Procedures covered by this paragraph are as follows:
 - 2.1.1.1.2.1. Policy 5001 – Uses and Disclosures Treatment, Payment and Health Care Operations
 - 2.1.1.1.2.2. Policy 5002 – Uses and Disclosures Authorizations
 - 2.1.1.1.2.3. Policy 5003 – Uses and Disclosures Opportunities for the Individual to Agree or Object
 - 2.1.1.1.2.4. Policy 5007 – Individuals Right to Access
 - 2.1.1.1.2.5. Policy 5008 – Individuals Right to Amend Protected Health Information
 - 2.1.1.1.2.6. Policy 5012 – Individuals Right to Accounting of Disclosures of Protected Health Information
 - 2.1.1.1.2.7. Policy 5009 – Individuals Right to Restrict Uses and Disclosures of Protected Health Information
 - 2.1.1.1.2.8. Policy 7014 - Confidential Communications
 - 2.1.1.1.2.9. Policy 5010 - Administrative Requirements - Documentation
 - 2.1.1.1.3. A list of the documents and/or files that were considered to be a part of the designated record set. Each list should have an effective and retirement date listed at the top of the document. This list should be reviewed and updated annually or as necessary. The file should include the current list and all lists that have a retirement date of 10 years or less.
 - 2.1.1.1.4. Copies of all complaints about Privacy Practices or breaches of privacy practices, including a copy of the complaint and its disposition. These documents should be kept for at least a ten (10) year period, using the date of the disposition as the effective date, unless they are applicable to a current or on-going audit or investigation.
 - 2.1.1.1.5. A copy of each accounting of PHI disclosures given to Individual in Service kept in an alpha file for ten (10) years from the date the disclosure was given to the Individual in Service.

- 2.1.1.1.6. A list of persons responsible for various critical procedures relating to the privacy practices of the organization. The list should be reviewed annually or updated as necessary. The file should include the current list and all lists covering the ten (10) prior years. The list should include the position, responsibilities and names of the individuals where this is practicable, and should include at least the following:
 - 2.1.1.1.6.1. Names of Compliance, Security, and Privacy Officer (include other positions held if this is not a full time position);
 - 2.1.1.1.6.2. Persons responsible for receiving and processing requests by Individual in Service for access to the designated record set;
 - 2.1.1.1.6.3. The titles of persons or officers responsible for approving Individual in Service amendments to the designated record set;
 - 2.1.1.1.6.4. The title of persons or offices responsible for organizing and providing an accounting of PHI disclosures at the request of Individual in Services;
 - 2.1.1.1.6.5. The title of persons or offices designated to receive and process privacy complaints;
 - 2.1.1.1.6.6. Persons listed below under sections 2 and 3 who are responsible for maintenance of certain documentation required by the rule; and
 - 2.1.1.1.6.7. Any others the organization determines to have responsibility for procedures related to the Privacy Rules.

2.1.2. Section 2: Documentation Maintained by Other Departments

2.1.2.1. The Privacy Officer, or designee, shall be responsible for ensuring that the documentation listed below is being kept for a period of ten (10) years by those responsible. The responsibilities for oversight by the Privacy Officer include ensuring that the documentation is being kept in the correct format and location with the approved content and organized in the appropriate manner. The Privacy Officer shall develop a method for oversight that includes personal reviews of the actual documentation. All documentation listed below shall be kept for a minimum period of ten (10) years from the date the documentation is created.

2.1.2.1.1. HIPAA related training: the agency trainers shall be responsible for maintaining copies of the following:

- 2.1.2.1.1.1. Attendance Sheets
- 2.1.2.1.1.2. Handouts
- 2.1.2.1.1.3. Curriculum
- 2.1.2.1.1.4. Evaluations

2.1.2.1.2. Employee Sanctions: The Human Resources department of Great Rivers BH-ASO shall be responsible for including in the personnel files of the individual employee's documentation of any disciplinary procedures resulting from privacy-related non-compliance. The Privacy Officer will give an accounting at regular periods but at least annually of the numbers of sanctions or disciplinary actions

related to privacy, types of sanctions or actions and the reasons for the sanctions or actions. A copy of these reports will be kept for a period of ten (10) years.

2.1.3. Section 3: Documentation Maintained in Designated Record Set

2.1.3.1. The following information shall be kept in the medical record and/or the files of the designated record set. Great Rivers BH-ASO's contracted-providers will, through various auditing and monitoring procedures performed personally or delegated, ensure that this documentation is being kept in compliance with the written Policies and Procedures that govern the creation and maintenance of this information. All the information below, unless otherwise noted, shall be kept for a minimum of ten (10) years from last effective date regardless of conflicting organizational policy. Any destruction of the documentation listed below shall be done in accordance with organizational procedure regarding the destruction of documents. During that period the responsibility for maintaining the documentation listed below will fall to the provider Privacy Officer.

2.1.3.1.1. These records should be kept for at least ten (10) years from the date of creation:

2.1.3.1.1.1. The signed, written acknowledgement of receipt of the Notice of Privacy Practices or documentation of good faith efforts made to obtain such acknowledgement in those cases where a signed, written acknowledgement could not be obtained;

2.1.3.1.1.2. Any documentation related to restrictions as requested, approved/denied or terminated, including determination that the medical record, the billing record and other appropriate Individual in Service databases have been appropriately flagged to notify employees of the restrictions. A separate database of all current restrictions will not be kept. These records should be kept for at least ten (10) years from the date of creation;

2.1.3.1.1.3. Any authorizations for the use or disclosure of PHI;

2.1.3.1.1.4. Any documentation related to the request, approval, or denial (and any related appeals) of amendments by the Individual in Service to his/her designated record set;

2.1.3.1.1.5. Any documentation related to the request, approval, or denial (and any related appeals) of requests by the Individual in Service to have access to their designated record set; and

2.1.3.1.1.6. Any documentation related to disclosures without an authorization for law enforcement, health care oversight, etc.

POLICY SIGNATURE

Edna J. Fund, Chair
Great Rivers BH-ASO Governing Board

Date