

Effective Date: 7/17/2013; 4/14/2013, Motion #03-013
Revised Date: 2/26/2018
Review Date: 2/26/2018

North Sound Behavioral Health Organization

Section 2500 – Privacy: Documentation

Authorizing Source: 45 CFR 164 (HIPAA); 42 CFR Part 2; RCW 70.02

Cancels:

See Also:

Responsible Staff: Privacy Officer

Executive Director's Signature:

Approved by: Board of Directors

Motion #: 03-013

Date: 4/14/2013

Date: 3/6/2018

POLICY #2506.00

SUBJECT: DOCUMENTATION

PURPOSE

In compliance with Health Insurance Portability and Accountability Act (HIPAA), Part 2 and Washington law, this policy sets out the documentation and retention requirements of North Sound Behavioral Health Organization (North Sound BHO).

Capitalized terms have special meanings. Definitions under this policy include Designated Record Set, Individual and Protected Health Information (PHI). See Policy 2502.00: Definitions for Policies Governing PHI.

POLICY

North Sound BHO will maintain documentation as required by HIPAA, Part 2 and Washington law and will retain documentation for a period of at least six (6) years from its creation or from the date it was last in effect, whichever is later. This six (6)-year period does not apply to the retention of a medical record itself, which has a longer retention period.

PROCEDURES

1. **Development, Implementation, and Maintenance of Documentation.** North Sound BHO shall develop, adopt and implement reasonable policies, procedures, documentation practices and tracking systems as may be necessary for compliance with HIPAA, Part 2 and Washington law. The Privacy Officer will be responsible for maintaining all documentation for the appropriate retention period in whatever medium is considered appropriate for each required item.
2. **Retention Period.** All documentation required under HIPAA shall be maintained for at least six (6) years. In the event other record retention requirements apply to any particular document, the longer retention period shall apply. The material subject to documentation retention requirements is set out in various privacy policies and procedures. The list that follows summarizes some of these requirements:
 - 2.1 The notice of privacy practices, with copies of the notices maintained by implementation dates and by version;

- 2.2 All policies and procedures, with copies of each policy and procedure maintained through each of its iterations;
- 2.3 Workforce training, including content, dates provided and attendance;
- 2.4 Restrictions to uses and disclosures of PHI that were granted;
- 2.5 The Designated Record Set;
- 2.6 Personnel roles related to the HIPAA Privacy Rule, including: Privacy Officer; the person or office designated to receive complaints; and the titles of person(s) or office(s) who are responsible for receiving and processing requests by or on behalf of Individuals for access, amendments, accountings of disclosures, alternative communications and restrictions to certain uses and disclosures;
- 2.7 Requests relating to Individual Rights and North Sound BHO's responses;
- 2.8 For each accounting provided to an Individual – the date of disclosure, the name and address of the 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;
- 2.9 Any signed authorizations and North Sound BHO's responses;
- 2.10 Any documentation required to support a permissible or required use or disclosure of PHI (e.g., a subpoena);
- 2.11 All complaints received and their disposition;
- 2.12 Any sanctions against Workforce members as a result of non-compliance with North Sound BHO's privacy policies, procedures, and practices, HIPAA, Part 2, or Washington law;
- 2.13 Any disclosure of PHI for Research made without the Individual's authorization and any approval, alteration, or waiver for Research;
- 2.14 All Business Associate Agreements/Qualified Services Organization Agreements (QSOA); and
- 2.15 Information concerning verification of identity and authority.

3. **Documentation.** Documentation retention requirements include:

- 3.1 Policies and procedures for documentation retention; and**
- 3.2 All documents noted in this policy.**

4. **Related Policies.** Other policies and procedures to review that are related to this policy:

- 4.1 Policy 2501.00: Privacy and Confidentiality;**
- 4.2 Policy 2502.00: Definitions for Policies Governing PHI;**
- 4.3 Policy 2507.00: Business Associates and Qualified Services Organizations;**
- 4.4 Policy 2510.00: Notice of Privacy Practices;**
- 4.5 Policy 2511.00: Opportunity to Agree or Object;**
- 4.6 Policy 2514.00: Right to Access to PHI;**
- 4.7 Policy 2515.00: Right to Amendment of PHI;**
- 4.8 Policy 2516.00: Right to Accounting of Certain Disclosures;**

- 4.9 **Policy 2517.00: Right to Alternative Communications;**
- 4.10 **Policy 2518.00: Right to Request Restrictions on Uses and Disclosures of PHI;**
- 4.11 **Policy 2520.00: Training of Workforce;**
- 4.12 **Policy 2521.00: Authorizations;**
- 4.13 **Policy 2522.00: Uses and Disclosures of PHI; and**
- 4.14 **Other record retention policies and procedures.**

ATTACHMENTS

None