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Review Date: 6/13/13

North Sound Mental Health Administration

Section 2500 – Privacy: Documentation

Authorizing Source: RCW 70.02; 45 CFR 165 (HIPAA)

Cancels:

See Also:

Providers must have own “HIPAA & WAC compliant policy”

Responsible Staff: Privacy Officer

Approved by: Executive Director

Signature:

Date: 7/17/2013

POLICY #2506.00

SUBJECT: DOCUMENTATION

PURPOSE

The North Sound Mental Health Administration (NSMHA), in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions, sets out, in this policy, the standards it will maintain to fulfill the documentation retention requirements.

POLICY

NSMHA will retain all documentation as described in the Privacy Rules for a period of six years from its creation or from the date it was last in effect, whichever is later. The six-year period does not apply to the retention of a medical record itself.

NSMHA’s policy is that the Privacy Officer/Designee must ensure that all documentation is preserved for the appropriate retention period in whatever medium is considered appropriate for each required item.

The material subject to documentation retention requirements is set out in each individual Privacy Policy. The list that follows summarizes these requirements:

1. The notice of privacy practices, with copies of the notices maintained by implementation dates by version;
2. All policies and procedures, with copies of each policy and procedure maintained through each of its iterations;
3. Work force training efforts;
4. Restrictions to uses and disclosures of Protected Health Information (PHI) that were granted;
5. The designated record set;
6. Personnel roles related to 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, the titles of person(s) or office(s) responsible for receiving and processing requests for amendments and accountings of PHI;
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;
8. Any signed authorization;
9. All complaints received and their disposition;
10. Any sanctions against members of the workforce that have been applied as a result of non-compliance; and
11. Any disclosure of PHI for research made without the individual’s authorization and any approval or alteration or waiver of PHI for research in accordance with the requirements of 45 CFR §164.512(i)(2).

Documentation retention requirements include:

Policies and procedures for documentation retention

Other policies and procedures to review that are related to this policy:

1. Privacy notice
2. Individual Access to PHI
3. Amendment of PHI
4. Accounting for PHI
5. Treatment, Payment and Health Care Operations
6. Authorizations
7. Opportunity for Agreement
8. Administrative requirements – training
9. Confidential communications
10. Restrictions on Uses and Disclosures of PHI

ATTACHMENTS

2506.01 – Procedure 2506-A