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**PROCEDURE 2506-A****Section 1: Documentation Maintained by Privacy Officer/designee**

The North Sound Mental Health Administration (NSMHA) Privacy Officer/Designee will be responsible for maintaining in files they control the current and historical copies of certain Health Insurance Portability and Accountability Act (HIPAA) compliance documents described below. Historical documents should be kept for a minimum of 6 years from the effective date listed on the document or the date it was last in effect, whichever is later. The documents may be in either paper or electronic form or both.

1. Copies of versions of the Privacy Notices 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 In addition, any memos instructing staff on the destruction of old or out of date versions and the effective date of the new shall be kept with the version discussed in the memo.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. 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.
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 periodically, as necessary. The file should include the current list and all lists that have a retirement date of 6 years or less.
4. Copies of all complaints about privacy practices or breaches of privacy practice, including a copy of the complaint and its disposition. These documents should be kept for at least a six-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.
5. A copy of each accounting of PHI disclosures given to clients kept in an alpha file for six years from the date the disclosure was given to the client.
6. A list of persons responsible for various critical procedures relating to the privacy practices of the organization. The list should be reviewed periodically, and, where appropriate, updated as necessary. The file should include the current list and all lists covering the 6 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:
  - a. Name of Privacy Officer (include other positions held if this is not a full time position);
  - b. Persons responsible for receiving and processing requests by clients for access to the designated record set;
  - c. The titles of persons or offices responsible for approving client amendments to the designated record set;
  - d. The title of persons or offices responsible for organizing and providing an accounting of PHI disclosures at the request of clients;
  - e. The title of persons or offices designated to receive and process privacy complaints;
  - f. Persons listed below under sections 2 and 3 below who are responsible for maintenance of certain documentation required by the rule; and
  - g. Any others the organization determines to have responsibility for procedures related to the Privacy Rules.

## **Section 2: Documentation Maintained by Other Departments**

NSMHA's Privacy Officer/Designee shall be responsible for ensuring that the documentation listed below is being kept for a period of six years by those responsible. The responsibilities for oversight by the Privacy Officer/Designee 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/Designee 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 six years from the date the documentation is created.

1. HIPAA related training: the training department shall be responsible for maintaining copies of the following:
  - a. Attendance Sheets
  - b. Handouts
  - c. Curriculum
  - d. Evaluations
2. Employee Sanctions: The Human Resources Department 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 Human Resources Director will be expected to be able to give to the Privacy Officer/Designee 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. The Human Resources Director shall keep a copy of these reports for a period of six years.

## **Section 3: Documentation Maintained In Designated Record Set**

The following information shall be kept in the files of the designated record set. NSMHA's Privacy Officer/Designee 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 six years from last effective date, regardless of conflicting organizational policy. Any destruction of the documentation listed below shall be done in accordance with NSMHA's established procedure regarding the destruction of documents. During that period, the responsibility for maintaining the documentation listed below will fall to the Privacy Officer/Designee:

1. Any documentation related to restrictions as requested, approved/denied or terminated, including determination that client databases have been appropriately flagged to notify employees of the restrictions. These records should be kept for at least six years from the date of creation.
2. Any authorizations for the use or disclosure of PHI.
3. Any documentation related to the request, approval, or denial (and any related appeals) of amendments by the client to their designated record set. These records should be kept for at least six years from the date of creation.
4. Any documentation related to the request, approval, or denial (and any related appeals) of requests by the client to have access to their designated record set. These records should be kept for at least six years from the date of creation.
5. Any documentation related to disclosures without an authorization for any purpose, which requires an accounting.