

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	1.4.2.10
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 4
		Date Effective:	April 14, 2003
Subject:	Documentation	Date Revised:	June 1, 2009 October 14, 2011
		Authorizing Signature:	

AUTHORITY: Authorizing Source: RCW 70.02 45 CFR 164 (HIPAA)

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: The Chelan-Douglas Regional Support Network, in compliance with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out, in this policy, the standards it will maintain to fulfill the documentation retention requirements.

DEFINITIONS: See 1.3.2.0

POLICY: The Chelan-Douglas Regional Support Network 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.

Our policy will be that the Privacy Officer/designee assures 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 PIHP 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 PIHP;
7. for each accounting provided to an individual – the date of

disclosure, the name and address of entity or person who received the PIHP, a description of the PIHP 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 PIHP for research in accordance with the requirements of §164.512(i)(2).

PROCEDURE: Section 1: Documentation Maintained by Privacy Officer/designee
The Privacy Officer/designee will be responsible for maintaining in files they control the current and historical copies of certain 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 annually or 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 annually or 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

The 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 employees 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. The 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 organizational 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 PIHP.
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 accounting.

SEE ALSO: Privacy notice
Individual Access to PIHP
Amendment of PIHP
Accounting for PIHP
Treatment, Payment and Health Care Operations
Authorizations
Opportunity for Agreement
Administrative requirements – training
Confidential communications
Restrictions on Uses and Disclosures of PIHP