



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DESIGNATED RECORD SET

Policy Number: PS905

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PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions, 42 CFR Part 2, and Washington law, sets out, in this policy, the elements of the designated record set and the creation and maintenance of data sources that contain protected health information (PHI).

POLICY

The SBH-ASO shall identify categories of records maintained, collected, used, or disclosed by the SBH-ASO that contain PHI and are used (including in part) to make decisions about Individuals, including eligibility for benefits, payment, claims adjudication, authorizations, and case or medical management records maintained by or for the SBH-ASO.

This policy mandates that the SBH-ASO maintain accurate and complete records for each of our individuals so that they can exercise their rights to access, review, and amend their PHI maintained in a designated record set as required under HIPAA.

PROCEDURE

1. Designated Record Set

- A. **Scope** – The term “record” means any item, collection or grouping of information that includes PHI and is maintained, collected, used or disclosed by or for the SBH-ASO. The Designated Record Set is: (a) the medical and billing records about Individuals maintained by or for a covered Health Care Provider; (b) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a covered Health Plan; and (c) used in whole or in part, by or for the Covered Entity to make decisions about the Individual. The SBH-ASO, through its Privacy Officer, has

- created and will maintain a database that identifies all specific internal Designated Record Set components, the basic content, the location of the documentation, the contact person, and whether stored in electronic or paper form.
- B. **Database of Designated Record Sets** – All original components of the Designated Record Set will be maintained and stored at the SBH-ASO's main office under the supervision of the Privacy Officer. The Privacy Officer (or his or her designee) will verify, as components are received, they are entered into the database.
 - C. **Database Search** – Requests by Individuals to have access to, amend or restrict will trigger a search of the database and will be noted in the database.
 - D. **Complete Database** –
 - i. If a workforce member is uncertain whether a certain document or piece of information belongs in the Designated Record Set, then the workforce member should contact the appropriate supervisor or the Privacy Officer for advice.
 - ii. If a workforce member believes there are documents in an Individual's Designated Record Set that do not belong, then the workforce member should contact the appropriate supervisor or the Privacy Officer.
2. **Determination Process** – The documentation maintained by the SBH-ASO will be evaluated to determine those groups of records that should be categorized as Designated Record Sets. The defined process should provide that the following information is gathered about the evaluated records:
- A. Documentation type;
 - B. Basic content;
 - C. Location of the documentation;
 - D. Contact person;
 - E. Paper/Electronic documentation;
 - F. Whether the documentation contains PHI; and
 - G. Whether the documentation is used to make decisions about the Individual.
3. **Inclusion within Designated Record Set** – SBH-ASO will maintain the following items in a Designated Record Set:
- A. **Correspondence** – Any records generated by, or correspondence between, SBH-ASO workforce and the Individual or others involved in the Individual's care;
 - B. **Authorization** – Authorizations for BH-ASO funded services or other written acknowledgements of the Individual's eligibility for services;
 - C. **Applications** – Applications for Children's Long-Term Inpatient Program (CLIP) services;
 - D. **Reconciliations** – Inpatient reconciliation of encounters;
 - E. **Encounter Records** – Records including dates, services rendered, name(s) of provider(s), coding, and other information used to determine services provided, funding allocation and reconciliation.

- F. **For Decisions** – Any other records or PHI used, in whole or in part, to make decisions about the Individual and case or medical management records maintained by or for the SBH-ASO.
 - G. **Payment** – Documents related to enrollment, payment, claims adjudication and case or medical management records.
 - H. **Grievances** – Documents necessary to determine resolutions with regards to grievances.
4. **Exclusion from Designated Record Set** – The Designated Record Set will not include:
- A. Education records governed by the Family Educational Rights Privacy Act (FERPA) and exempt from HIPAA
 - B. Psychotherapy notes
 - C. PHI exempted by the Clinical Lab Improvements Act (CLIA)
 - D. Information involved in civil, criminal, or administrative actions or records assembled in anticipation of a legal action
 - E. Information, which was created as part of a research study to which the patient has temporarily waived right to access
 - F. Health information that is not used to make decisions about the client
 - G. Quality improvement records
 - H. Risk management records including incident reports
 - I. Employment records held by the SBH-ASO in its role as employer
5. **Multiple Repositories** - PHI is kept in many forms throughout the SBH-ASO. Each of the existing repositories of PHI have been identified, documented, and approved for usage. It is our policy that any new need for creation of an additional repository of PHI must follow the same process. Unsanctioned maintenance of PHI in any form will lead to disciplinary action.
6. **Exemption for Routine Requests** – This policy does not apply to routine requests that do not involve clinical information, such as an Individual at registration requesting the update of contact information. A workforce member may handle routine requests informally by appropriately updating the information.
7. **Documentation** – Documentation relating to Designated Record Sets shall be retained at least ten (10) years and shall include the following:
- A. All relevant policies and procedures
 - B. Relevant databases
 - C. All requests by Individuals for access to a Designated Record Set