


DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

SUBJECT: Documentation - HIPAA Privacy Rule	POLICY: 01-75
SECTION: Administration	EFFECTIVE DATE: 4-14-03
REFERENCE: 45 C.F.R. Section 164.530(j)	PAGE: 1 of 4
AUTHORITY: 45 C.F.R Part 164	SUPERSEDES: New Policy
	APPROVED BY: 

PURPOSE: To establish a policy regarding requirements for maintaining documentation related to compliance with the HIPAA Privacy Rule.

SCOPE: The information in this document applies to all members of the workforce which includes employees, contract employees, volunteers, trainees, etc., granted access to protected health information (PHI).

NOTES: None

DEFINITIONS: **DHHS:** The United States Department of Health and Human Services. This is the federal agency that is responsible for the implementation of the HIPAA Rule. Within DHHS, the Office of Civil Rights is the office responsible for the HIPAA Privacy Rule and the Centers for Medicare and Medicaid Services (CMS) is the organization responsible for the Transactions and Code Sets Rule.

HIPAA: Health Insurance Portability and Accountability Act. The federal law passed in 1996 that provides national standards for health information

Secretary: Secretary of the Department of Health and Human Services

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the department, is under the direct control of the department, whether or not they are paid by the department.

POLICY: Imperial County Behavioral Health Services (ICBHS) will comply with the documentation requirements contained in the HIPAA Privacy Rule as follows:

1. Where the Privacy Rule requires a communication in writing, ICBHS will maintain a written or electronic copy as documentation.
2. If an action, activity, or designation is required by the HIPAA Privacy Rule to be documented, ICBHS must maintain a written or electronic record of that action, activity, or designation including, but not limited to the following:

a. **Privacy Officer and Contact Person**

ICBHS must designate a privacy officer to be responsible for development and implementation of the policies and procedures adopted by ICBHS to comply with the HIPAA Privacy Rule.

ICBHS must designate a contact person that is responsible for receiving complaints regarding the substance of and ICBHS compliance with the policies and procedures developed by ICBHS to comply with the HIPAA Privacy Rule and providing further information about matters covered by the notice of privacy practices required by 45 C.F.R. Section 164.520 of the HIPAA Privacy Rule.

b. **Notice of Privacy Practices**

ICBHS must provide notice to an individual of the uses and disclosures of PHI that it may make. ICBHS must document its compliance with the notice requirements by retaining copies of the notices it issues. In addition, it must obtain an acknowledgment of receipt of its notice or must document and retain ICBHS' good faith effort to obtain the written acknowledgment.

c. **Access of Individuals to Protected Health Information**

An individual has the right of access to inspect and obtain a copy of PHI about the individual for as long as the information is kept in the designated record set. ICBHS must document the designated record sets that are the subject to access by individuals, and the titles or offices

responsible for receiving and processing requests for access by individuals.

d. **Amendment of Protected Health Information**

An individual has the right to request that ICBHS amend PHI or a record about the individual for as long as the protected health information is maintained in the designated record set, ICBHS must document the titles of the persons or offices responsible for receiving and processing requests for amendments by individuals.

e. **Accounting of Disclosures of Protected Health Information**

An individual has the right to receive an accounting of PHI made by ICBHS in the six years prior to the date on which the accounting is requested. ICBHS must document and retain:

- 1) The date of the disclosure;
- 2) The name of the person or entity who received the PHI and;
- 3) A brief description of the PHI disclosed;
- 4) A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure;
- 5) The written accounting provided to the individual.

f. **Right to Request Restriction of Use and Disclosure of Protected Health Information**

ICBHS must permit an individual to request that the covered entity restrict uses and disclosures of protected health information about an individual to carry out treatment, payment and health care operations. ICBHS is not required to agree to the restrictions, but if it does agree, it must document and strictly abide by the restrictions.

g. **Other General Documentation Requirements**

- 1) Any signed authorization;

- 2) All complaints received, and their disposition, if any;
 - 3) Any sanctions that are applied as a result of non-compliance; and
 - 4) Any use or disclosure of PHI for research without the individual's authorization.
3. ICBHS must maintain the policies and procedures required under the Privacy Rule in written or electronic form.
 4. ICBHS will maintain the required documentation for six (6) years from the later of the date the record was last in effect.
 5. ICBHS will keep records and submit compliance reports, in such time and manner containing such information, as the Secretary of Health and Human Services may determine to be necessary to enable DHHS to determine whether ICBHS has complied or is complying with the Privacy Rule.