

GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Privacy and Security
Approved On: 08/2004
Approved By: The Board of Directors
Revised: 00/00/00
Effective Date: 15 days from approval/ last revision

No: PS601.00

Title: Designated Record Set Policy

I. Introduction:

GCBH, in an effort to be compliant with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out, in this policy, the information contained in the designated record set and the creation and maintenance of data sources that contain protected health information (PHI).

II. Policy:

GCBH maintains complete and accurate information for records identified as the designated record set in the event a consumer exercises their right to access, review, and amend their PHI maintained in a designated record set as required under HIPAA.

PHI is kept in both electronic and paper forms throughout the GCBH Region Office. Each existing location of PHI has been identified, documented, and approved for usage (See Sources of PHI: Inventory and Location). If there is an additional need for other locations of PHI, these will be reviewed and, when approved, added to the Sources of PHI: Inventory and Location list. Unsanctioned maintenance of PHI in any form will lead to disciplinary action.

III. Designated Record Set:

GCBH creates, obtains, and/or maintains billing records and other records that may be used, in whole or in part, to make decisions about the consumer. The

protected health information contained in those records are considered to be the designated record set as described in the table:

Billing Records	Includes PHI created, obtained, and maintained to determine authorization for service, reassignment of claims, or other written acknowledgements of eligibility for services, and information used to bill or to record and report encounters or services (e.g., residential, personal care, and/or other specialized services).
<p>Other records</p> <ul style="list-style-type: none"> ▪ Inpatient Certification Appeals ▪ Complaints and Grievances 	<p><i>Inpatient Certification Appeals:</i> Includes PHI created, obtained, and maintained for appeals of certification/ authorization for psychiatric hospitalization and length of stay extensions.</p> <p><i>Complaints and Grievances:</i> PHI created, obtained, and maintained by the Ombuds Service for complaints, grievances, and other information necessary for resolutions.</p>

IV. Creation and Maintenance of PHI:

- A. Employees who create or handle the PHI that will become a part of the record or who have access to the record have certain responsibilities. They include:
1. All PHI created by an employee should comply with regulations on content, dating, and appropriate signatures.
 2. All PHI required to be created by an employee should be completed as soon as possible and within the time frames designated by applicable regulations.
 3. Any PHI obtained from a third party by an employee that should be filed in the record should be reviewed as soon as possible for relevant content and placed in the appropriate place to be filed in the record or should be filed by the employee who received the third party PHI.
 4. Any PHI obtained from a third party, after review, that is considered not to be relevant should be returned to the source of the PHI.

5. Any PHI that must be filed in the record should be filed on a timely basis, in date order and in the appropriate section of the record.
- B. If an employee of GCBH is not sure if a certain document or piece of information belongs in the designated record set they should contact their supervisor or the Privacy Officer for advice.
- C. If an employee believes that there are documents in a designated record set that do not belong there, he/she should contact their supervisor or the Privacy Officer for advice on how to proceed.

V. Other Related GCBH Policies:

- A. Consumer Protected Health Information Rights
- B. Sources of PHI: Inventory and Location List
- C. Sanction Policy

VI. Scheduled Review of this Policy:

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by April of odd years,
- B. by the Regional Advisory Board (RAB) by May of odd years,
- C. by the GCBH Board of Directors by June of odd years, and
- D. outside of the schedule if required.