

GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Privacy and Security
Approved On: 03/24/2003
Approved By: The Board of Directors
Revised: 00/00/00
Effective Date: 15 days from approval/ the last revision

No: PS603.00

Title: Administrative Requirements –Documentation Procedure

I. Purpose:

Greater Columbia Behavioral Health (GCBH), in an effort to be compliant 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.

II. Procedure:

GCBH 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. Documentation will be 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:

- A. The notice of privacy practices, with copies of the notices maintained by implementation dates by version;
- B. All policies and procedures, with copies of each policy and procedure maintained through each of its iterations;
- C. Workforce training efforts;
- D. Restrictions to uses and disclosures of PHI that were granted;
- E. The designated record set;
- F. Personnel roles related to Privacy Rules – the Privacy Official, 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 PHI;

- G. For each accounting provided to an individual – the date of disclosure, the name and address of entity or person who received the PHI, a description of the PHI disclosed, a briefly stated purpose for the disclosure, and the written accounting that was provided;
- H. All signed, written acknowledgements of receipt of the Privacy Notice or documentation of good faith efforts made to obtain such acknowledgement in those cases where a signed, written acknowledgement could not be obtained;
 - I. Any signed authorization;
 - J. All HIPAA related complaints received and their disposition;
 - K. Any sanctions against members of the workforce that have been applied as a result of non-compliance; and
 - L. Any of PHI for research made without the individual's authorization and any approval or alteration or waiver of PHI for research in accordance with the requirements of Section 164.512(i)(2).

III. 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.