DBHDS - Office of Licensing

SAMPLE of Acceptable Policy & Procedures

***Area*: Record Management**	***Policy*: 12 VAC 35-105-870**	***Page* 1 of 4 pages**
***Title*: Paper and Electronic Records Management Policy**	***Issued*: 9/20/22**	***Revised*:**

***Policy*:**

In order to comply with the regulation a written policy has been established for record management and includes confidentiality, accessibility, security and retention of paper and electronic records pertaining to individuals being served. This policy will cover electronic and paper documents.

***Procedures*:**

An individual file will be maintained as a record of services delivered for all persons participating in this program. Records will be paper unless noted as electronic file.

A. Access and limitation of access, duplication, or dissemination of individual information to persons who are authorized to access such information according to federal and state laws.

1. The files cabinets containing the service record for each individual will a locked, flame-retardant file cabinet which will be located in the administrative office; this office has a locked door and must be opened by the employees authorized to share the key.

2. Access to the individual's file will be limited to employees having a role in the development of the Individual Support Plan (ISP), and dependent on the level of support being provided.

3. Limited access to the individual's files will be determined by the role of the professional requesting access and having responsibilities for supports such as: assessment and admission determination, medical care, direct care, and clinical interventions etc.

    a. Supervisor and directors or designees will determine level of employees and grant permission to access the individuals file of record.
    b. Limited access the file by the individual is dependent on their capacity as determined by a medical professional such as a psychiatrist, primary physician etc.

4. Duplication of the individual's file may only be completed by the supervisor, director or designee and the purpose of the duplication must be documented on the "Record Retrieval Form" and include the date of the duplication, and employee name and title.

5. Dissemination of the record must be with written approval of the individual when applicable, placing agent, legally authorized representative (LAR), authorized representative (AR) etc. and documented on the "Authorization to Release Information Form."

    a. The written approval to disseminate record must be placed in the file.
    b. No general written approval will be accepted for dissemination of record.
    c. The written notice must have the name of the recipient, business name, business address, relationship to the individual, name of the person given the permission to dissemination the record and the time frame in which the written authorization is valid.
    d. Dissemination to state or federal law enforcement personnel will be completed by following their agency's guidelines and then immediately notify the placing agency, LAR or AR when it is appropriate to do so.
    e. Provider will comply with the state licensing representative and grant access, duplication and dissemination of the individuals file of records when requested and or during required agency business such as investigation, inspections and annual reviews etc.

A.2 Storage, processing, and handling of active and closed records

1. All files will be stored in a locked flame-retardant cabinet, in a locked office.

    Storage of the file of records will be individually for each person receiving service. There will be one record with three sections (medical, program service and financial) for easy access to the documents; For example, a program service section of the record would have assessments, initial and annual individual support plan (ISP), monthly data sheet, quarterly progress reports, documentation of special supports or revision of the ISP. The documents in the record will be filed in chronical dates with the most recent item on the top.

2. The stored file of records will be monitored and maintained by the supervisor or designee of the program.

3. Files must be checked out for specific purposes and then returned; documented of usage must be on the file in/out form.

4. Active files will be maintained separately from closed files and reviewed quarterly for quality assurance (QA); compliance with table of content will be the focus of the QA review.

5. Closed files will be stored in a separate flame-retardant file cabinet labeled with the month, year (for beginning and ending dates of the content) and the alphabet of names

contained in the file. For example, January 2022-March 2022 (A-C).

6. Closed files documents will be kept in storage for a minimum of ten years or as specified by state and federal requirements.

7. Duplication and dissemination of the stored material from active or closed files will be documented on required agency form.

A.3 Storage, processing and handling of electronic records

1. Electronic record will not be used at this time.

A.4 Security measures that protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites

1. Paper Records

   a. All employees access the file cabinet must lock in after each use to protect the content from unauthorized use.

   b. Loss information must be reported to the supervisor, directors and designee who will inform the individual, family, authorized responsible agent and significant others of the loss of information. Retrieval of the loss information from other sources must be done immediately to ensure continuity of care and service.

   c. Assessment of the incident involving the loss of information must be completed within 24 hours to avoid any future incidents. Outcome of investigation may include, retraining and record security, change in storage procedures, suspension or termination (depends on severity and volume of loss information).

   d. Errors in documents must be identified by sticking through the error and writing the word “error” and the “employees initial” above the inaccurate information.

   e. Employees will be trained on monitoring where they sit /stand when working in the records and to avoid leaving the files unsupervised in public places or in places where someone can look into the record without permission.

   f. All disclosures and exchange of information must be done with permission and only to persons or facilities identified in writing on the approved agency “authorization to release information form” for each individual.

   g. Authorization forms may not be used after the documented end date.

h. Records must be transported or shared between program and authorized persons or facility by facsimile, encrypted emails, postal services or delivered in person. Records used between services sited must be placed in locked box, briefcase or a similar case and placed in the trunk when the vehicle is unmanned.

i. Records must be returned to the appropriate locked file cabinet when not in use or is undeliverable.

2. Electronic records

   a. Electronic Records will not be used at this time.

A.5 Strategies for service continuity and record recovery from interruptions that result from disasters or emergencies including contingency plans, electronic or manual back-up system and data retrieval system.

1. The employees will be reminded that safety and well-being is the priority; however, services not documented (abridged or full range) means no service rendered.

2. In the event of service interruption, the supervisor, director or designee will provide copies of paper documents/forms for the employees to use when documenting services in their temporary location or current location.

3. Records not immediately retrievable from file cabinets will be sought through requesting copies from placing agency, AR, LAR, or other persons who may have records due to exchange of information or service provider to a mutual individual.

4. Records may be recreated from the data where possible in the form reports and identified and a duplicated record due to interruption of services by disaster or emergency. The reason for the duplicated record must be identified.

A.6 Designation of person responsible for records management

1. The supervisor, director or their designee will be tasked with monthly quality assurance review of the files of records.

2. The records will be checked against the table of content and other agency policies and procedures for completing forms, and documents for service delivered.

3. All findings from the monthly QA review that requires further attention or need to be completed will be responded to by the appropriate employee within fourteen days.

A.7 Disposition of records

1. In the event that the service ceases operation the records will be returned to the placing agency. The face sheet, copies of vital records documents, health history, application for admission, discharge information will be shared with AR, LAR, placing agency representative.

2. If the provider opens another business, the face sheet, application for admission, discharge information will be stored in a secured location to be identified prior to placing the files in that location for ten years or until they cease operation of the new business. They will notify the original placing agency of this business and records stored. Records may be destroyed with permission of the placing agency and or their representative when it deemed to be no longer needed.

3. If the records will be transfer to another provider, the provider must have a written agreement with the provider whose business is ceasing. A document containing the name of both providers (sender and receiver parties) will be completed and files in the permanently stored record.

4. The transferred records receipt will be shared with the placing agency, AR, LAR and stored a copy of the transfer agreement with the archived record held by the provider.

B Record management policy will comply with state and federal regulations including:

1. Records will comply with Section 32.1-127.1:03 of the Code of Virginia;

2. 42 USC § 290dd;

3. 42 CFR Part 2; and

4. Records will be maintained and handled according to the Health Insurance Portability and Accountability Act (Public Law 104-191) and implementing regulation (45 CFR Parts 160, 162, and 164).