Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: REQUIREMENTS FOR DOCUMENTATION RETENTION **Policy Number:** PS911

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 4/5/2023; 4/1/2025

Executive Board Approval Dates: 7/30/2021

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) sets out in this policy the standards it will maintain to fulfill the documentation retention requirements for Protected Health Information (PHI).

POLICY

The SBH-ASO will be compliant with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health 04/27/09 (HITECH) Administrative Simplification provisions with regards to documentation retention requirements.

PROCEDURE

SBH-ASO will retain all documentation as described in the privacy rules for a period of ten (10) years from its creation or from the date it was last in effect, whichever is later. This exception relates to all documents including grievances. 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:

1. The notice of privacy practices, with copies of the notices maintained by implementation dates by version.
2. All policies and procedures, with copies of each policy and procedure maintained through each of its iterations.
3. Workforce training efforts.

4. Restrictions to uses and disclosures of Protected Health Information (PHI) that were granted.
5. The designated record set.
6. 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.
7. 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.
8. Any signed authorization.
9. All HIPAA/HITECH related complaints received and their disposition.
10. Any disciplinary actions against members of the workforce that have been applied as a result of non-compliance.
11. Any use 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 45 CFR Section 164.512(i)(2) and 42 CFR Section 2.52.
12. Any disclosure of PHI that meets the Health Information Technology for Economic and Clinical Health (HITECH) Act definition of "breach".