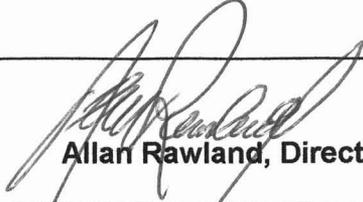


**County of San Bernardino
Department of Behavioral Health**

Medical Records Security Policy for Outpatient Services

Effective Date
Revision Date

8/88
2/1/07



Allan Rawland, Director

Policy

The Department of Behavioral Health (DBH) clinical/medical records are the property of the department and are maintained for the treatment of the client and the medical staff. It is the responsibility of the department to safeguard and secure the medical information against **loss, defacement, tampering, or use** by unauthorized person(s). Records may be removed from the department's jurisdiction and safekeeping only as provided by law.

The Medical Records unit's responsibilities are to protect and safeguard information and information systems against unauthorized user(s). This policy statement applies to the security and confidentiality of patient information created electronically or paper documents.

Under no circumstances will any staff member examine and/or divulge confidential client information unless required in the clinical and/or administrative care of the client.

Purpose

The purpose of this policy is to comply with the laws and regulations on responsibility practices regarding the maintenance of the Department of Behavioral Health's outpatient clinical/medical records.

Definition

Security of Protected Health Information (PHI): to control access to or modification of protected health information.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): a statute that establishes national security for the privacy and security of health information.

Security Standards

Security standards are established to ensure that patient-identifiable information remains confidential and protected from unauthorized disclosure, alteration, or destruction. The Health Insurance Portability Accountability Act of 1996 mandates the adoption of security standards for all healthcare facilities. Security includes the physical and electronic protection of the integrity, availability, and confidentiality of computer based information and the resources used to enter patient information. The security of the records includes the storing, processing and communication of all patient identifiable data.

County of San Bernardino Department of Behavioral Health

Confidentiality Psychiatric facilities should take all steps necessary to protect the **confidentiality** of medical information. Violation of confidentiality may compromise treatment effectiveness and result in a fine or payment of damages. Confidentiality is the act of limiting the disclosure of private matters. Confidentiality refers to the expectation that information shared by an individual with a healthcare provider during the course of care will be used only for its intended purpose. The use of health information without the patient's knowledge and consent is a violation of confidentiality. [CA Welfare and Institutions Code 5330].

Accountability Responsibility for medical records and accountability [CA W&I Code 5328] are as follows:

Primary Responsibility	<p>The primary responsibility for medical records and their accountability lies with the DBH Medical Records Supervisor. As a Registered Health Information Administrator (RHIA), or Registered Health Information Technician (RHIT), the Medical Records Supervisor is the official custodian for all DBH medical records.</p> <p>With this responsibility, the Medical Records Supervisor also has the authority, as delegated by the Compliance Officer, to take necessary action to ensure that medical records are accounted for at all times. This includes recommending disciplinary action is taken against responsible parties not upholding this policy. Responsibility and authority for setting policy and procedures for the handling of medical records shall be held jointly by the Medical Records Supervisor and the Clinical Records Committee. The DBH Medical Record Section is located at BHRC, 850 E. Foothill Blvd., Rialto, CA 92376.</p> <p>The Medical Records Supervisor's responsibilities include ensuring that the privacy and confidentiality of medical information of DBH clients is protected and that the data is secured to prevent unauthorized access to their information.</p>
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County of San Bernardino Department of Behavioral Health

Secondary Responsibility	<p>Secondary responsibility for medical records lies with the DBH treatment program that uses the records. The Program Manager is responsible for ensuring that the medical records, while in the responsibility area of his or her program, are accounted for and safeguarded against all unauthorized use.</p> <p>It is the Program Manager's responsibility to implement disciplinary action based on the recommendation of the Medical Records Supervisor. Systems and DBH standardized procedures in each individual program will be adopted to ensure that proper safeguarding of records is accomplished.</p>
Tertiary Responsibility	<p>Tertiary responsibility for medical records lies with the individual, whether clinician or other responsible party, who requires access to medical records in the everyday course and scope of employment.</p> <p>The individual is responsible for ensuring that medical records are returned to the proper locked storage area daily, so that the medical records are always accessible to the staff in case of appropriate need.</p>

Removal of Records

No medical record shall leave DBH premises unless court ordered. No copies of medical records shall leave DBH premises unless there is a valid authorization to release information or a bona fide Subpoena Duces Tecum. When a medical record is subpoenaed, a designated medical record staff member will prepare and deliver copies of the record according to written procedures.

Securing Records

Programs conducting treatment will be responsible for ensuring that all medical records are placed in one locked location prior to close of business each day. This will enable medical records' staff, in the event of necessity, to locate the medical records.

It is the Program Manager's responsibility to ensure that no medical records are left outside the location designated for overnight storage. In the event there is an evening therapy session, it is the responsibility of the individual therapist conducting the treatment to ensure that all medical records are returned to the proper locked storage area at the conclusion of the therapy session.

County of San Bernardino Department of Behavioral Health

Reference

- CAMP (Clerical and Administrative Manual of Procedures)
 - DBH Outpatient Chart Manual
 - CA Hospital Association Consent Manual
 - Oath of Confidentiality
 - HIPAA Manual
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