WEBER HUMAN SERVICES	**Policy & Procedure** HIPAA / PRIVACY **DESIGNATED RECORD SET**	**NUMBER** 05 **APPROVED** 2/21/2014 **REVIEWED** 5/11/2017 **REVISED**

PURPOSE:

To describe the documents that comprise the Designated Record Set.

POLICY:

The HIPAA Privacy Rule requires that clients be permitted to request access and amendment to their Protected Health Information ("PHI") that is maintained in a Designated Record Set. This policy documents the contents of the Designated Record Set.

PROCEDURE:

1. The Designated Record Set is a group of records maintained by or for the Facility that consists of the Medical Records and billing records about a client and is used, in whole or in part, by or for the Facility to make decisions about the client. The term *record* means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for the Facility.
2. The Facility maintains the following as the Designated Record Set:
   a. The client's Medical Record,
   b. The client's Business File, and
   c. The client's Personal Health Records.
3. The Client Medical Record includes, at a minimum, the following:
   - Activity documentation
   - Admission/readmission documentation
   - Advance directives
   - Assessments
   - Treatment plan
   - Informed consent
   - History and physical exams
   - Minimum Data Set
   - Medication and treatment records
   - Provider progress notes
   - Face sheet

a. Excluded from the Medical Record are source data, including audio recordings, unless such data is used to make decisions related to the client's care.

b. If records from other providers are used by the Facility to make decisions related to the care and treatment of the client, then these records are considered part of the Designated Record Set as well as the Medical Record, e.g., history and physical, discharge summary and labs from previous acute care hospitalization.

4. The Client's Business File includes, at a minimum, the following:

- Admission documents
- Acknowledgement of receipt of the Facility's *Notice of Privacy Practices*
- Correspondence relating to coverage and payment from insurance companies, health plans, Medicare, Medicaid and other payer sources
- Client claim information, including claim, remittance, eligibility response, and claim status response
- Statements of account balance
- Collection activity documents and correspondence

5. Personal Health Records consist of the client's personal health information provided to the Facility by the client. If such records are used by the Facility to make health care related decisions, provide care services, or document observations, actions or instructions, then the records will be considered part of the Designated Record Set.

6. The following are excluded from the Designated Record Set: Administrative data, such as audit trails, appointment schedules and practice guidelines that do not imbed PHI. Also excluded are incident reports, quality assurance data, after hour's crisis logs, peer reviews, vital certificate worksheets, and derived data such as accreditation reports, anonymous client data for research purposes, public health records and statistical reports.

7. The Designated Record Set is to be retained according to state and federal regulations and following Facility retention procedures.