

**DOCUMENT RETENTION PERIOD: DOCUMENTS RELATING
TO THE PRIVACY OF PROTECTED HEALTH INFORMATION
POLICY**

RESPONSIBILITY: Privacy Official or Designee(s)

POLICY:

1. The Privacy Official or Designee(s) is responsible to develop and maintain systems to retain documentation that relates to compliance with federal and state privacy regulations.
2. Federal privacy regulations require that the following documents be retained for as long as they are in effect, plus six years or longer if required by state law or regulation:
 - 2.1. Designation of the health care components of a hybrid entity.
 - 2.2. Designation of the components of a single affiliated covered entity.
 - 2.3. Signed authorizations, and documents that terminate authorizations.
 - 2.4. Copies of Department of Health and Human Resources (DHHR) notices of privacy practices.
 - 2.5. Acknowledgements signed by patients upon receipt of the notice of privacy practices.
 - 2.6. Documentation of any agreement to restrict the use or disclosure of protected health information, and documentation of any modification or cancellation of the restriction by either the member or by DHHR.
 - 2.7. Documentation of designation of record sets.
 - 2.8. Documentation of the designation of titles of persons or offices to receive and process requests for access to protected health information in designated record sets.
 - 2.9. Documentation of the designation of titles of persons or offices to receive and process requests to amend protected health information in designated record sets.
 - 2.10. The information that is required for an accounting of disclosures, for each accountable disclosure.
 - 2.11. Copies of written accountings of disclosures prepared at patients' request.
 - 2.12. Documentation of the designation of titles of persons or offices to receive and process requests for an accounting of disclosures.
 - 2.13. Written requests for access to protected health information, and responses to these requests, including correspondence relating to any appeal of a denial of access.

- 2.14. Written requests to amend protected health information, responses to these requests, and documentation of statements of disagreement and rebuttals.
 - 2.15. Written requests for accountings of disclosures.
 - 2.16. Policies and procedures adopted or modified to comply with federal HIPAA privacy regulations.
 - 2.17. Documentation of training in DHHR's privacy policies.
 - 2.18. Documentation of designation of the Privacy Official or Designee(s).
 - 2.19. Documentation of designation of the person or office to receive complaints and to provide information about privacy practices and patients' privacy rights.
 - 2.20. Documentation of complaints regarding privacy practices, and the disposition of these complaints.
 - 2.21. Records of sanctions applied to members of the workforce who violate DHHR's privacy policies.
 - 2.22. Fundraising communications, demonstrating the inclusion of instructions for opting out of receiving future such communications.
 - 2.23. Plan documents, in respect to a group health plan established by DHHR.
 - 2.24. Business associate contracts.
 - 2.25. All documentation related to approved waivers and alterations of authorizations, for PHI that is used or disclosed in connection with a research study.
 - 2.26. Any other action, activity, designation or communication which must be documented under federal HIPAA privacy regulations.
3. Other records that demonstrate DHHR's compliance with these HIPAA regulations will also be retained for at least six years or longer if required by state law or regulation past the date when the document is no longer in effect, as stated in DHHR policies.

Effective Date: 4/14/03

Dates Revised:



Jerome E. Lovrien, Commissioner, Bureau for Behavioral Health and Health Facilities