

	Date Approved: <u>9/3/2013</u> By: <u></u> Aaron Chapman, M.D. Interim Mental Health Director Author: Kyree Klimist, MFT QA Administrator
POLICY: Record Storage and Retention	Date Revised: <u>MM/DD/YY</u> Policy No.: _____

POLICY: Record Storage and Retention Policy & Procedure

This policy sets for the manner in which Alameda County Behavioral Health Care Services (ACBHCS) and all of its providers, will comply with state and federal laws regarding the storage and retention of client records as well as the Policies and Procedures of BHCS:

- o CFR, Title 45, Parts 160, 162 and 164
- o CCR, Title 22, Chapter 2, Section 71551(c)
- o California Civil Code 56.10
- o Health & Safety Code 123105(b), 123145 and 123149
- o CCR, Title 22, Chapter 9, Section 77143

Clinical and Financial Record Storage:

Clinical records contain Protected Health Information (PHI) covered by both state and federal confidentiality laws. Providers are required to safeguard the information in the record whether they be paper, electronic or any other media, against loss, defacement, tampering or use by unauthorized persons.

ACBHCS requires that paper clinical records be stored in a “double locked” manner (e.g., in a locked filing cabinet located within a locked office). If records must be transported, maintain the “double locked” and safeguarding requirement (e.g., transported in a locked box in a locked vehicle trunk and not left in an unattended vehicle).

Electronic Health Records (EHR) must be stored in a password-protected computer or server located within a locked room.

The following paper record storage procedures are consistent with good clinical practice:

A controlled record check-out or retrieval system for access, accountability and tracking.

- Safe and confidential retrieval system for records that may be stored off-site or archived.
- Secure filing system (both physical plant and electronic safeguards used, when applicable). (See above regarding “double locked” storage.)

Record Retention:

Clinical records must be preserved for a minimum of seven (7) years following discharge/termination of the client from services, with the following exceptions:

- The records of un-emancipated minors must be kept for at least one (1) year after such minor has reached age 18, and in any case, not less than seven (7) years.
- For psychologists: Clinical records must be kept for seven (7) years from the client’s discharge/termination date; in the case of a minor, seven (7) years after the minor reaches age 18

- Third party: If a provider uses a third party to perform work related to their BHCS contract, the provider must require the third party to follow these same standards.
- Clinical & Financial Audit situations: Records shall be retained beyond the seven (7) year period if an audit involving those records is pending, until the audit findings are resolved. The obligation to ensure the maintenance of records beyond the initial seven (7) year period exists only if the BHCS notifies the Contractor of the commencement of an audit prior to the expiration of the seven (7) year period.
- Provider out of business: In the event a provider goes out of business:
 - If there is a successor agency, that agency will take custody of the records.
 - If there is no successor agency, ACBHCS will take custody of the BHCS client records. The provider is obligated to make arrangements to have the records delivered to ACBHCS- Quality Assurance Office. ACBHCS will assure the accessibility, confidentiality, maintenance, and preservation of clinical records for the minimum retention time as described above.
 - Please contact the Quality Assurance Office at 510-567-8105 to make these arrangements.
 - Records will be maintained in the 4th floor Records Room for the amount of time prescribed by law and then will be shredded.

Record Destruction:

Clinical records are to be destroyed in a manner to preserve and assure client confidentiality.