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North Sound Behavioral Health Administrative Services Organization, LLC

Section 2500 – Privacy: Documentation

Authorizing Source: 45 CFR 164.514 (HIPAA); 42 CFR Part 2 (Part 2); RCW 70.02

Approved by: Executive Director Date: 2/25/2025 Signature:

POLICY # 2506.00

SUBJECT: DOCUMENTATION

PURPOSE

In compliance with HIPAA, Part 2, State Law and any applicable Business Associate Agreements (BAAs) and Qualified Service Organization Agreements (QSOAs) with Upstream Covered Entities, this policy sets out the documentation and retention requirements of North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO).

Capitalized terms have special meanings. Definitions under this policy include Business Associate Agreement (BAA), Designated Record Set, Individual, Part 2, Privacy Officer, and Protected Health Information (PHI), Research and Subcontractor. See Policy 2502.00: Definitions for Policies Governing PHI.

POLICY

North Sound BH-ASO will maintain documentation as required by HIPAA, Part 2, State Law any applicable Business Associate Agreements (BAAs) and Qualified Service Organization Agreements (QSOAs) with Upstream Covered Entities and will retain documentation for a period of at least six (6) years from its creation or from the date it was last in effect, whichever is later. This six (6)-year period does not apply to the retention of a medical record itself or in certain situations, such as when a “legal hold” is in place, which have longer retention periods.

PROCEDURES

1. **Development, Implementation and Maintenance of Documentation.** North Sound BH-ASO will develop, adopt and implement reasonable policies, procedures, documentation practices and tracking systems as may be necessary for compliance with HIPAA, Part 2, State Law any applicable BAAs and QSOAs with an Upstream Covered Entity. The Privacy Officer will be responsible for maintaining all documentation for the appropriate retention period in whatever medium is considered appropriate for each required item.
2. **Retention Period.** All documentation required under HIPAA shall be maintained for at least six (6) years from its creation or from the date it was last in effect, whichever is later. In the event other record retention requirements apply to any particular document, the longer retention period applies. The material subject to documentation retention requirements is set out in various privacy policies and procedures. The list that follows summarizes some of these requirements:
 - 2.1 All **policies and procedures**, with copies of each policy and procedure maintained through each of its iterations;

- 2.2 **Workforce training**, including content, dates provided/taken and attendance/success for completion;
- 2.3 **Restrictions** to Uses and Disclosures of PHI that were granted;
- 2.4 The **Designated Record Set**;
- 2.5 **Personnel roles** related to HIPAA, including Privacy Officer and Security Officer;
- 2.6 **Requests** relating to Individual rights and North Sound BH-ASO's responses;
- 2.7 For each **accounting of Disclosures** provided to an Individual – the date of Disclosure, the name and address of the 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;
- 2.8 Any **signed authorizations** and North Sound BH-ASO's responses;
- 2.9 Any **documentation** required to support a permissible or required Use or Disclosure of PHI (e.g., a subpoena or attestation);
- 2.10 **Complaints** received and their disposition;
- 2.11 **Sanctions** against Workforce members as a result of non-compliance with North Sound BH-ASO's privacy policies, procedures and practices, HIPAA, Part 2 or State Law;
- 2.12 Any Disclosure of PHI for **Research** made without the Individual's authorization and any approval, alteration or waiver for Research;
- 2.13 **BAAs and QSOAs** with Upstream Covered Entity;
- 2.14 **BAAs** with Subcontractor Business Associates (Downstream);
- 2.15 Information concerning **verification** of identity and authority;
- 2.17 **Documentation created related to a Breach of Unsecured PHI**, such as Breach risk assessments, evidence to support or not support the occurrence of a Breach and any notifications to Upstream Covered Entities, Individuals, the Department of Health and Human Services, the media and any other Persons;
- 2.18 The **notice of privacy practices**, relating to Pre-Transition PHI, with copies of the notices maintained by implementation dates and by version.

3. **Documentation.** Documentation retention requirements include:

- 3.1 **Policies and procedures for documentation retention.**
- 3.2 **Documents noted in this policy.**

4. **Related Policies.** Other policies and procedures to review that are related to this policy:

- 4.1 **Policy 2501.00: Privacy and Confidentiality for PHI.**
- 4.2 **Policy 2502.00: Definitions for Policies Governing PHI.**
- 4.3 **Policy 2507.00: Subcontractor Business Associates (Downstream) Organizations.**
- 4.4 **Policy 2511.00: Opportunity to Agree or Object.**
- 4.5 **Policy 2514.00: Right to Access to PHI.**
- 4.6 **Policy 2515.00: Right to Amendment of PHI.**
- 4.7 **Policy 2516.00: Right to Accounting of Certain Disclosures.**
- 4.8 **Policy 2517.00: Right to Alternative Communications.**
- 4.9 **Policy 2518.00: Right to Request Restrictions on Uses and Disclosures of PHI.**
- 4.10 **Policy 2520.00: Training of Workforce.**
- 4.11 **Policy 2521.00: Authorizations.**
- 4.12 **Policy 2522.00: Uses and Disclosures of PHI.**
- 4.13 **Other record retention policies and procedures.**

ATTACHMENTS

None