Policy Number: HC-19	Page: 1	Of: 3
Title: **HIPAA Assignments and Documentation**		
Regulatory Authority: HIPAA Regulations, FERPA Regulations, ORC, OAC		
Effective Date: 01/19/2021		
Reviewer/Job Title: Director of Operations		

(A)HIPAA ASSIGNMENTS AND DOCUMENTATION

HCBDD will maintain written Policies and Procedures, including a 6-year audit trail. In addition, all documentation required by HIPAA regulations will be maintained for 6 years. The HIPAA Privacy Officer shall be responsible for insuring the proper maintenance of all required documentation.

REFERENCES:

Federal Law 45 CFR 164.530(j) – Documentation requirement,

164.520(e) – Notices of Privacy Practices;

164.524(e) – Access of individuals to protected health information;

164.526(f) – Amendment to protected information;

164.508(b)(6) – Uses and disclosures for which an authorization is required;

164.512(i)(2) – Uses and disclosures for research purposes;

164.522(a)(3) – Rights to request privacy protection for protected health information;

164.528(d) – Accounting of disclosures of protected health information – Implementation specification

ORC § 5126.044(E) (General records of DD Boards)

OAC § 5101:3-3-20(L) (ICFs/IID)

OAC § 5123:1-2-02(J)(8) (Waiver records)

OAC § 5123:1-2-08(R) (IO waivers)

OAC § 5123:1-2-11(P) (HCBS waivers for licensed providers)

OAC § 5123:2-1-02(I)(7) appointment of person responsible for ensuring the safekeeping of records and securing them against loss or use by unauthorized persons.

LEGAL NOTES: State law requires notice and approval prior to destruction of an individual's records which contain PHI. There is no comparable requirement in HIPAA.

1) **Designating a Privacy Officer and Other Individuals to Assist HIPAA Committee.** The superintendent shall designate an individual to be the Privacy Officer, who is responsible for development, implementation, enforcement, and update of HIPAA Privacy policies and procedures. The superintendent may also designate other individuals to assist, a HIPAA committee, which may include representatives from each program (e.g. workshop, adult services, residential services, administration, SSA, information systems).
2) **Documenting Records Covered by HIPAA and FERPA**. The records covered by HIPAA and FERPA shall be detailed and documented following the procedures for the "Designated Record Set" of the HIPAA regulations.
3) **HIPAA Mandated records**. HIPAA Mandated records include the following:
   a) HIPAA Required designations, including, Hybrid entity designation if applicable, description of records in Designated Record Set, the names of staff responsible for duties of Privacy Officer, receiving HIPAA complaints, providing access to Individual records, receiving requests for amendment of Individual records, answering questions about HIPAA policies and procedures.
   b) Notice of Privacy Practices, as described in Notice of Privacy Practices.
   c) Restrictions on use or disclosure of PHI agreed to by HCBDD as described in the Individual's Right to Request Additional Restrictions.
   d) Records of disclosures, as required by the Individual's Right to Receive an Accounting of Disclosures.
   e) Any signed authorization as described in Authorizations.
   f) All privacy-related complaints received, and their disposition, if any, as described in Privacy Complaints.
   g) Any sanctions that are applied as a result of non-compliance with HIPAA-mandated policies as detailed in Policy 1080 Duty to Report Violations and Security Incidents.
   h) Incident Reports and other documentation specified by Policy 3035 Breach Reporting.

The above records will be maintained for 6 years.

4) **Policy and Procedure Audit Trail**. When created or updated, all policies will be annotated with the approval date and revision history. Current policies will be maintained in a computer file folder designated "current policies". Any previous versions will be renamed with the creation date in the file name, and placed in a computer file folder designated "archived policies
5) **Updating Required Designations**. The Privacy Officer, will maintain and update HIPAA Required Designations as necessary.
6) **Compliance Notes**. The Privacy Officer will maintain records of compliance activity including meeting notes, vendor contracts, and internal audit activities.

7) **Internal Audit**. The privacy officer shall conduct a periodic audit, as necessary, to insure proper maintenance of all documentation itemized in this policy.