

	<b>DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health</b>
<b>SUBJECT:</b>	Medical Records Access
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<b>APPROVED BY: DATE:</b>	Patricia Merrifield, Deputy Administrator September 1, 2010
<b>SUPERSEDES:</b>	N/A
<b>APPROVED BY: DATE:</b>	Commission on Mental Health and Developmental Services September 16, 2010
<b>REFERENCES:</b>	DCFS Children's Mental Health Policy 2.01 Client Rights and Consent to Treatment; DCFS Children's Mental Health Policy 6.10 Patient/Client Records Retention and Disposition Schedule; NRS 433A.360 Clinical Records: Contents: Confidentiality.
<b>ATTACHMENTS:</b>	Attachment A: DHHS/DCFS Health Insurance Portability and Accountability Act (HIPAA) Confidentiality Agreement.

- I. POLICY:** It is the policy of the Division of Child and Family Services to maintain the security and confidentiality of data and information contained in a client's medical record.
- II. PURPOSE:** The purpose of this policy is to identify procedures and personnel related to the access, storage and movement of medical records, including both paper-based medical records and any electronic version of the health record.
- III. DEFINITIONS:**
- A. Client: Pursuant to NRS 433A.360, client includes any person who seeks, on his own or others' initiative, and can benefit from, care, treatment and training in a facility offering mental health services.
  - B. DHHS: Refers to the Department of Health and Human Services
  - C. Division or DCFS: Refers to the Division of Child and Family Services
  - D. DWTC: Refers to Desert Willow Treatment Center, the DCFS inpatient children's psychiatric facility
  - E. HIPAA: Refers to the Health Insurance Portability and Accountability Act; This act protects the privacy of an individual's health information and governs the way certain health care providers, health plans and health care clearinghouses, collect, maintain, use and disclose protected health information.
  - F. Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form or medium; This includes demographic and health care information.
  - G. Workforce members: According to the Department of Health and Human Services' HIPAA Confidentiality Agreement, workforce members include state employees, contractors, temporary workers, students, interns, externs, voluntary workers or other workforce members as defined by the Division.

**IV. PROCEDURES:**

- A. General procedures:
  - 1. Pursuant to NRS 433A.360, a clinical record for each client must be diligently maintained by any Division facility offering mental health services.
  - 2. Medical records will be maintained in the Medical Records Department while the client is actively involved in treatment.
  - 3. Upon discharge of a client, the medical record will be moved to a locked, secure designated storage area. Access to the storage area will be limited to the Medical Record lead staff, the Administrative Assistants assigned to the Medical Records Department, Intake Coordinators and the Clinical Program Manager IIs. In the case of DWTC, the Director of Nursing and Nursing Supervisors will also have access to the storage area.
  - 4. The medical record for DWTC patients will be completed within 15 days of the patient's discharge. The medical record for Outpatient Services, Children's Clinical Services and Early Childhood Mental Health Services' clients will be completed within 30 days following a planned discharge and 45 days following an unplanned discharge.
  - 5. The Medical Records Department will follow the DCFS Children's Mental Health Services Policy Patient/Client Records Retention and Disposition Schedule for the authority to retain or dispose of records.
- B. Personnel with access to medical records:
  - 1. DCFS workforce members who serve the professional and support needs of clients have access to the medical record.
  - 2. DCFS workforce members who do not serve professional and support needs of the clients do not have access to the medical record.
  - 3. Unauthorized reading of the medical record by any staff member who is not providing professional services to the client is a violation of the client's confidentiality and subject to appropriate disciplinary action.
- C. Student affiliates and voluntary workers:
  - 1. Student affiliates have access to medical records of clients in whose treatment they are involved. Access to additional medical records is granted by the Clinical Program Manager II on an individual basis.
  - 2. Voluntary workers should handle and/or read specific case files only when they are directly related to the performance of their assigned duties, and all communication on behalf of a client is strictly confidential.
- D. Confidentiality, privacy and data security:
  - 1. All DCFS workforce members are required to sign a DHHS/DCFS Confidentiality Agreement (Attachment A). A copy of this agreement is maintained by the supervisor, and verification of a signature on the agreement will be submitted to the DCFS HIPAA Privacy and Security Officer. A copy is maintained in the state personnel record for state employees. The agreement will be reviewed and updated as needed.
  - 2. Clients have the right to have all communications and records pertaining to their treatment kept confidential. Written permission must be obtained from the client's parent/custodian or their authorized representative before the records of the treatment can be made available to any person not directly concerned with the client's care or responsible for making payments for the cost of such care (DCFS Children's Mental Health Policy 2.01 Client Rights and Consent to Treatment and DCFS Children's Mental Health Policy 6.03 Release of Confidential Information Client Medical Record).

3. All DCFS workforce members will use and disclose information solely in accordance with HIPAA Privacy and Security Rules, will agree to comply with any Division policy, procedures and training requirements.
  4. All DCFS workforce members will take reasonable care to properly secure all information on computers and will take steps to ensure unauthorized individuals cannot view or access this information. While away from the workstation, staff will either log off or lock their computers. Computers must have password-protected screensavers to lock computers after 20 minutes of idle time to prevent access by unauthorized users.
  5. Privacy and security safeguards outlined in HIPAA will be used to limit access to Protected Health Information (PHI) to authorized users only.
- E. Storage and movement of medical records:
1. All medical records will be stored in secure areas, and access will be limited to authorized personnel only.
  2. An “OUT” guide designating who removed the record and where it was taken will be completed on all medical records removed from the Medical Records Department or storage area. The “OUT” guide is a plastic sleeve or cardboard “place-keeper” for the paper-based medical record in a file cabinet or file case.
  3. All medical records must be kept in a locked file cabinet and rooms containing these must be locked when not occupied.
  4. DWTC and Oasis On-Campus Treatment Homes’ active medical records are kept on the Unit on the chart cart.