

Topic: HIPAA Designated Record Set	Department: Entire agency
Original effective date: 4/1/03	Last revision date: 9/26/24
Owner: VP for Quality and Compliance	Frequency of reviews: Annual
Internal/Regulatory Reference(s) (all that apply): 164.501	
Related documents/Links:	

Policy: It is the policy of The Arc of Monroe to ensure that people have opportunities for privacy and that business, administrative and support functions promote personal and organizational outcomes.

Additional Information: “Designated record set” means records we keep as an agency about people we support that includes their medical and billing records used in whole or in part by or for the agency to make decisions about them.

For the purposes of this policy, “Record” means any item, collection, or grouping of information that includes protected health information (PHI) and is maintained, collected, used or disseminated by or for the agency.

Examples include but are not limited to: service data, progress notes and monthly summaries, staff action plans and life plans, billing records, clinical assessments, medical appointment summaries, MARs, etc.

“Protected health information or PHI” is defined as information about people we support that relates to their past, present or future mental or physical health and also identifies them in some way. In addition to more obvious things such as treatment plans, service documentation, clinical assessment, etc., the following are also considered PHI:

- Initials of someone we support. If you share initials, you are sharing PHI. Reducing a name to initials does not protect it under HIPAA law.
- Pictures of someone we support. This includes any photograph that will identify the person in some way. This may be the case even if their face isn’t visible, but something distinctive about them is. It could also apply to pictures of the back of their head, side shots, other parts of their bodies that are distinctive, etc.
- Anything that describes someone in a way that makes it clear who you are talking about (such as a full physical description; or a combination of characteristics that are so unique as to effectively name the person). EXAMPLE: A short middle-aged woman with blazing red hair and right-side hemiparesis who goes to Henrietta Day Services.

This definition applies whether the information is written, spoken, signed, or in an electronic format – regardless of the language (e.g., English or any other language). You should presume that any information about people we support that you work with in your job is PHI and should be treated as such.

Some documents are not a part of the designated record set. These are most often documents that relate to incidents or audits. Examples include event reports, 147s and other incident reports, incident

investigations, compliance audit reports, quality audit reports, special review committee meeting minutes, and psychotherapy notes as defined in HIPAA law (please cross reference the policy, "[Privacy of Psychotherapy Notes](#)"). The reason these are not part of the designated record set is because they are not used to make treatment decisions. Whether or not a document is or is not part of the documented record set impacts the ability of people we support/their legal guardians to access the information (please cross reference the policy, "[Access of Individuals to PHI](#)").

Please note that any information about people we support that meets the definition of Protected Health Information (PHI) is covered by HIPAA and must meet requirements, regardless as to whether it's part of the designated record set or not.

For the purposes of this procedure, "staff" includes employees, contractors, consultants, interns, students and volunteers.

Procedure	
Task:	Responsible party:
General guidelines:	
1. Staff have a responsibility to be aware of what PHI is part of the designated record set and what is not, consistent with their roles and responsibilities.	Staff
2. If staff is unsure whether something should be considered part of the designated record set or not, they should contact their manager or the VP for Quality and Compliance	Staff
Manager responsibilities:	
1. Managers should have a solid understanding of what information is and is not part of the designated record set, and provide support to staff as necessary.	Managers
VP for Quality and Compliance:	
1. Acts as the agency's Privacy Officer	VP for Quality and Compliance
2. Responsible for administering the agency's HIPAA privacy policies and procedures.	VP for Quality and Compliance
3. Acts as a resource for staff in regards to proper implementation of the HIPAA privacy rule.	VP for Quality and Compliance

Document revision record:

Revision Date	Release Date	Reason for change	Approver
9/12/08	9/12/08	Reason for change not documented	P Dancer
10/21/11	10/21/11	Reason for change not documented	P Dancer
7/17	7/17	Reason for change not documented	P Dancer
1/26/21	1/26/21	Transferred to new procedural format	P Dancer

9/29/21	10/8/21	Clarified the meaning of designated record set and what information constitutes PHI	ICC
9/27/22	9/27/22	Clearly stated which policies to cross references in the "additional information" section	ICC
10/30/23	10/30/23	Added hyperlinks to other policies; corrected some typos	ICC
9/26/24	9/26/24	Added definition of PHI and some clarifying language	ICC