

Topic: HIPAA Designated Record Set	Department: Entire agency
Original effective date: 4/1/03	Last revision date: 8/21/26
Owner: VP for Quality and Compliance (VPQC)	Frequency of reviews: Annual
Internal/Regulatory Reference(s) (all that apply): 45 CFR § 164.501; 45 CFR § 164.524	
Related documents/Links:	

Policy: It is the policy of The Arc of Monroe (“The Arc”) 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 a group of records maintained by or for The Arc that includes medical and billing records about people we support and other records used, in whole or in part, by or for The Arc to make decisions about people we support.

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 Arc.

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, medication administration records (MARs).

“Protected health information (PHI)” is information about people we support that relates to their past, present, or future physical or mental health or condition, the health care provided to them, or payment for that health care, and that identifies them or could reasonably be used to identify them. Please cross reference the policy, “Staff Confidentiality of PHI and Minimum Necessary,” for additional guidance and examples regarding what constitutes PHI.

Some records containing PHI may not be part of the designated record set if they are maintained for administrative, compliance, quality-assurance, incident-review, or similar purposes and are not used, in whole or in part, to make decisions about people we support. Whether a particular record is part of the designated record set depends on its purpose and use, rather than solely on the type or title of the document. Examples may include event reports, 147s and other incident reports, incident investigations, compliance audit reports, quality audit reports, and special review committee meeting minutes.

Psychotherapy notes, as defined by the Health Insurance Portability and Accountability Act (HIPAA), are subject to separate requirements and are excluded from an individual’s HIPAA right of access (please cross reference the policy, “Privacy of Psychotherapy Notes”).

Whether a document is part of the designated record set affects the ability of people we support or their personal representatives, as applicable, to access the information (please cross reference the policy, “Access of Individuals to PHI”).

Any information about people we support that meets the definition of protected health information (PHI) remains subject to HIPAA requirements, regardless of whether it is part of the designated record set.

Please refer to The Arc's HIPAA Security policies for information regarding safeguards used to protect electronic protected health information (ePHI) from unauthorized access.

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

Procedure	
Task:	Responsible party:
General guidelines:	
1. Staff are responsible for understanding, consistent with their roles and responsibilities, which PHI is and is not part of the designated record set.	Staff
2. Staff who are unsure whether information is part of the designated record set should consult their manager or the VP for Quality and Compliance.	Staff
3. 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
4. The VQPC serves as The Arc's Privacy Officer, administers the agency's HIPAA privacy policies and procedures, and provides guidance regarding implementation of HIPAA privacy requirements.	VPQC

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 reference 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
10/23/25	10/23/25	Added clarifying language and a reference to HIPAA security policies	ICC
8/21/26	8/21/26	Enhanced definitions of designated record set and PHI; consolidated duplicative information; removed discrete manager and VPQC sections	ICC