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| **POLICY TITLE:**  | **Client Records Retention Policy** - CP03 |
| **APPLIES TO:**  | All Clinical Staff at Caregiver Grove Behavioral Health  |
| **EFFECTIVE DATE:**  |  August 19, 2024 |
| **ANNUAL** **REVIEW DATE:**   | January 1 (each calendar year)Reviewed: August 7, 2024 |
| **PURPOSE:**  | The purpose of this policy is to ensure that client records and files are maintained, stored, and disposed of in a manner that complies with federal and state regulations, protects client confidentiality, and supports the operational needs of Caregiver Grove Behavioral Health.  |
| **DEFINITION:**  | * Client Record: Any document or information that contains personal health information (PHI) related to the treatment and services provided to clients.
* EHR (Electronic Health Record): A digital version of a client’s paper chart, which contains the medical and treatment history of the client.
* Retention Period: The amount of time records is required to be kept before they can be disposed of.
* Disposition: The process of securely destroying records after the retention period has expired.

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| **POLICY**  | **Scope** * This policy applies to all client records and files created, received, and maintained by Caregiver Grove Behavioral Health, including electronic records stored in the Electronic Health Record (EHR) system, InSync.

**Policy** Caregiver Grove Behavioral Health is committed to maintaining accurate and complete client records and ensuring their confidentiality, security, and accessibility throughout the retention period. **Procedure** 1. **Retention Periods:**

All client records must be retained for a minimum of seven (7) years from the date of the last service provided. For minors, records must be retained until the client reaches the age of 21 or seven years after the last service date, whichever is longer. 1. **Record Creation and Maintenance:** Creation: Client records should be created in accordance with documentation standards and include all relevant information regarding treatment and services.
2. **Maintenance**: Client records should be regularly updated and maintained in the EHR system (InSync). All updates should be accurate and reflect the most recent interactions and treatment plans.
3. **Storage:**
4. Electronic Records: All client records should be stored in the InSync EHR system, which ensures secure and reliable storage. Access to electronic records is restricted to authorized personnel only.
5. Paper Records: If paper records are used, they should be stored in locked cabinet within Director of Operations office that is a locked door with limited access. Access to these records is restricted to authorized personnel only.

 1. **Confidentiality and Security**
* All client records must be handled in a manner that ensures confidentiality and complies with HIPAA regulations.
* Electronic records should be protected through access controls, encryption, and regular audits.
* Paper records should be protected by physical security measures, such as locked storage and access controls.
1. **Disposition**
2. Electronic Records: After the retention period has expired, electronic records will be securely deleted from the EHR system in accordance with InSync's data destruction procedures.
3. Paper Records: After the retention period has expired, paper records will be shredded or otherwise destroyed in a manner that ensures they cannot be reconstructed.
4. **Compliance and Audits**
* Regular audits will be conducted to ensure compliance with this policy and to verify that records are being properly maintained and disposed of.
* Any breaches of this policy will be investigated, and corrective actions will be implemented as necessary.
1. **Training**
* All employees, contractors, interns, and volunteers will receive training on this policy and the importance of maintaining and protecting client records.
* Training will be provided during onboarding and annually thereafter.
1. **Responsibilities**
* Compliance Officer: Oversees compliance with this policy and conducts regular audits.
* HR Department: Ensures that all personnel are trained on this policy.
* All Staff: Responsible for adhering to this policy and maintaining the confidentiality and security of client records.
1. **Review and Revision**
* This policy will be reviewed annually and revised as necessary to ensure continued compliance with federal and state regulations and to address any changes in organizational needs or industry best practices.
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| **APPLICABLE STANDARDS:** | OAC 5160-1-17.2 (D)  |
| **EXCEPTIONS:**  |   |
| **APPROVERS:**  | Tonya Tooson | Chief Operations Officer (COO)Leandra Oman | Manager, Clinical II |