

Topic: HIPAA Designated Record Set	Department: Entire agency
Original effective date: 4/1/03	Last revision date: 10/30/23
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: service data, progress notes and monthly summaries, staff action plans and life plans, billing records, clinical assessments, medical appointment summaries, MARs, etc.

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