

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	BHS-CMH-YDF
	Policy Number	08-07
	Effective Date	10/2009
	Revision Date	07/2017
Title: Record Management	Functional Area: Health Information Management	
Approved By:		
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Background/Context:

Title 15, Section 1406 requires in juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records. Written policies and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record. For youth detained in the Youth Detention Facility (YDF), the youth’s mental health information exists in two places, the behavioral/mental health record and the Juvenile Correctional Health Services medical health record.

Purpose:

The objective of this policy and procedure is to establish guidelines by which the Juvenile Justice Institutions Mental Health Team (JJIMHT) members utilize for the management of mental health records generated for youth detained in the YDF whether stored on-site or at a designated storage facility.

Details:

1. Electronic Mental Health Record (EHR): JJIMHT utilizes the Avatar Clinician Work Station (CWS) to document client specific information and to import collateral documents for youth receiving behavioral health services.
 - A. Each individual requesting an Avatar account will complete an Information Technology (IT) Security Policy agreement and sign an Acknowledgement of information Security Responsibility.
 - B. Unique accounts are created and require strong passwords. Passwords must not be transferred or shared with others.
 - C. The Division of Behavioral Health Services (DBHS) Quality Management staff authorizes Account Approvers for specific programs by which access to Avatar CWS can be granted to permitted individuals.

- D. Access is verified monthly and reports are available to ensure the account is accurately assigned, is still necessary and appropriately utilized. Avatar reports will be used to audit user activity.
 - E. Access to the EHR is limited to certain data based on role or job function. Modification of account access must be authorized by submission of a Request/Change Form signed by an Authorized Approver.
 - F. Accounts are deactivated after 90 days of inactivity or by request of an Authorized Approver upon separation of employment, extended leaves of absence; access is no longer required to complete job functions and any restrictions due to breaches, monitoring, compliance or investigation.
 - G. The act of viewing data or records not directly within the scope of one's job function is strictly prohibited. Access to data is controlled by the creation and maintenance of System Codes within the Avatar application. There is a minimum of one system code per legal entity, DBHS periodically audits the data accessed within the Avatar application. All access must be on a "need to know basis" in accordance with HIPAA privacy and security rules.
 - H. The JJIMHT YDF program is in a high security building with limited access to the mental health suite. To ensure there is no unauthorized viewing or access of protected health information (PHI), JJIMHT clinicians shall each and every time:
 - I. Lock their computer screen when they leave the computer unattended or an unauthorized individual is present in the cubicle area (hold down the "Windows/Start" key and press the "L" key or hold down "Ctrl," "Alt" and press the "Delete" key followed by the "Enter" key).
 - II. Turn face-down information containing PHI being utilized during the provision of services when they leave their cubicle area or an unauthorized individual is present in the cubicle area.
 - III. Place all hard-copy documents containing PHI into the locked, confidential shred box immediately following completion of required documentation. Relevant documents will be scanned into Avatar and verified prior to placement in the shred box.
 - IV. Keep closed personal file cabinets, overhead storage bins containing PHI and ensure any PHI is locked in file cabinets at the end of their shift.
 - V. Place the JMS copy of the mental health progress note face-down in the JMS in-box immediately following completion of required documentation. The JMS copy is scanned into the JMS medical record by JMS personnel and destroyed according to county policy.
 - I. The JJIMHT provides the Supervising Probation Officer with responses and recommendations, the mental health portion of the note is purposefully left blank to protect the youth's confidentiality.
2. Mental Health Records
- A. All youth records are kept in Avatar, the Division of Behavioral Health's electronic mental health record.

- B. Clinicians possessing PHI for the provision of mental health services will ensure the information is out of view each time they leave their cubicle or an unauthorized individual is present in the cubicle area.
 - C. PHI shall not be maintained in paper form; all new PHI will be entered in the EHR within Avatar.
 - I. Collateral information will be scanned into designated categories within the EHR and verified.
 - II. Following verification, the paper document(s) will be destroyed (provided it is not in current or noticed litigation) in a manner meeting HIPAA policies and procedures concerning protection and shredding to protect privacy.
 - D. Charts created for youth prior to the implementation of the EHR and those youth who have reached the age of 19 years or those deceased have been moved to an off-site secure storage location under contract with DBHS.
 - E. The JJIMHT Senior Office Assistant (SrOA) listed the name, date of birth and Avatar number along with the corresponding box number for charts sent to the off-site location.
 - I. The list is also maintained by the program Administrative Services Officer (ASO) and is available on the secure, shared "w" drive.
 - II. In the event a chart must be re-called from the off-site storage facility, the SrOA contacts the program ASO to request the box containing the chart. The ASO contacts the contracted storage facility and the box is returned to the JJIMHT. When no longer needed, the chart and box are returned to the off-site storage facility.
3. Record Retention
- A. Record retention of the paper chart and EHR will meet State and Federal requirements for client record retention. All adult records will be maintained for 20 years after the date of discharge. Records of youth will be maintained at least one year after the youth has reached the age of 18 years. For psychologists, client records are maintained for 20 years from the client's discharge date or, in the case of a youth, 20 years after the youth reaches the age of 18 years. Sacramento County Mental Health Plan will retain records for a period of 20 years from the date of discharge.
 - B. Following mandated retention periods, the records are disposed of in a manner that ensures confidentiality of PHI.
 - I. For PHI in paper records, shredding, burning, pulping or pulverizing the records to render PHI essentially unreadable, indecipherable and otherwise unable to be reconstructed.
 - II. For PHI on electronic media, clearing (using software or hardware products to overwrite media with non-sensitive data), purging (degaussing or exposing the media to a strong magnetic field to disrupt the recorded magnetic domains) or destroying the media (disintegration, pulverization, melting, incinerating or shredding).
 - III. PHI placed in the locked, confidential shred box is emptied and shredded on-site no less than once per month by a vendor under contract that

requires safeguarding of confidential information throughout the destruction process.

Related Policies:

BHS-CMH-YDF-02-03-Confidentiality

BHS-CMH-YDF-06-09-Response and Recommendations to Probation

BHS-CMH-YDF-08-01-Administrative, Technical and Physical Safeguards

BHS-CMH-YDF-08-02-DBHS Compliance Program

BHS-CMH-YDF-08-06-HIPAA Complaints and PHI/EPHI Breach Protocol

BHS-CMH-YDF-08-08-Penalties for Privacy Violations

BHS-CMH-YDF-08-09-Release of Protected Health Information

BHS-CMH-YDF-10-01-Facility Access Policy

BHS-CMH-YDF-10-04-Use of Computers

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