I. Abstract

This policy establishes standards and procedures of the Macomb County Community Mental Health Board (MCCMH) to ensure that the clinical records of consumers are maintained in a secure environment and are not accessible to unauthorized individuals.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that all clinical records of consumers are maintained in a secure environment to ensure confidentiality and accessibility only to authorized individuals.

IV. Definitions

A. Authorized Individuals
Medical and clinical staff; supervisors; support staff including administrative personnel, account clerks, clerk typists, and consultants involved in the consumer’s care.

B. Designated Support Staff
Service site selected staff member(s) trained in and responsible for monitoring the removal and return of clinical records to ensure their secure storage at the service site.
and inaccessibility to unauthorized individuals.

C. **Double-locked**
   Securing MCCMH Board clinical records in a locked filing cabinet and securing access to the cabinet(s) via placement in a locked room or locked entrance points at the service site.

D. **Clinical Records Office**
   The MCCMH Administrative Office location where archival document storage is provided for consumer clinical records and where record location and transport services are coordinated.

E. **Motor Vehicle Transport**
   The relocation of consumer record(s) from a secure environment by authorized staff, utilizing a personal motor vehicle.

F. **Service Site**
   A place where a provider offers services / treatment to individuals with mental illnesses or developmental disabilities.

G. **Storage**
   Consumer clinical record safekeeping which ensures that information in clinical records is kept confidential and is not open to unauthorized inspection.

H. **Transfer**
   The reassignment of consumer service responsibility and transport of a consumer’s record from one service site to another.

I. **Transport**
   The relocation of a consumer’s record (open or closed case) from one secure environment to another (e.g., between the MCCMH Clinical Records office and a service site, between two service sites) via U.S. Postal Service, via MCCMH authorized personnel, via the Macomb County Interdepartmental Mail Service.

V. **Standards**

A. Information in the record of a consumer and other information acquired in the course of providing mental health services to a consumer shall be kept confidential and secure, and shall not be open to inspection by unauthorized individuals.

B. Consumer records shall not be removed from the service site(s) or the provider clinical records office except as provided herein for authorized administrative or provider use,
or with the concurrence of the appropriate provider supervisor, to comply with the requirements of a court order, subpoena, or deposition.

C. Transport of consumer clinical records which are being relocated between the service sites, including by private motor vehicle transport, must be coordinated through the provider clinical records office.

D. Consumer records located at authorized service sites must be maintained in a secured double-locked location. Each service site shall adopt a plan for the indexing, filing, and storage of files removed from storage for authorized internal service site purposes.

E. Consumer records (in whole or in part) which are being transported shall be placed in an expanding file or a banker’s box prior to transport. The envelope or box shall have CONFIDENTIAL clearly marked on the outside of the package.

F. Consumer records being transferred between service sites (or the administrative offices of a provider) and the provider’s clinical records office shall be accompanied by a record showing who transported the clinical records, the date they were transported, and the date they were delivered (for example, see MCCMH #189, Exhibit A).

G. Providers shall establish methods of transporting quantities of consumer records.

H. In the event of electronic transfer (facsimile) of clinical records, such transfer shall be governed by MCCMH MCO Policy 6-004, “Facsimile Document Transmission.”

I. Consumer records in part or whole that are required for clinician reference (e.g., in legal proceedings) require SPECIAL care to assure security when being transported from one location to another. During motor vehicle transport, the record shall be placed under lock and key (i.e., placed in trunk, lockable glove box). Records shall be picked up and delivered the same day and never left unattended during motor vehicle transport, particularly overnight.

J. Each provider shall track consumer records which are temporarily removed within the provider by internal staff.

K. In the event of a vehicular accident or vehicular incident resulting in the destruction, mutilation or theft of record(s), the transporting staff member shall notify his/her immediate supervisor of the occurrence as soon as possible.

L. Clinical records at the provider’s clinical records office, service sites, and administrative offices shall be stored in designated secure areas accessible only to authorized personnel.
M. Clinical records shall be secure at all times, including the interval during which they are circulating out of the records storage area for the purpose of consumer care.

N. The clinical records supervisor shall be made aware of the usual storage areas for records in the provider’s clinical records office as well as at each service site, including the areas where the service sites keep records when outside of their storage areas.

O. The clinical records which clinical records, service site, or administrative staff members consider particularly sensitive, such as records of consumers involved in legal proceedings or whose health status could be newsworthy, shall be double-locked to protect the records from unauthorized disclosure as well as tampering.

P. Clinical records supervisors shall be knowledgeable about the various types of computer security measures, and shall be provided relevant and necessary training to remain current on this subject.

Q. Providers shall implement and maintain computer system security measures which shall include, but not be limited to:

1. Which individuals are allowed access to the system (employee, volunteer, trainee, supervisor, consultant, auditor, vendor);

2. When the system can be used (before, during, or after regular work hours);

3. What functions each individual is allowed to execute in the system (level of authorization--to make inquiries only, to add, change, or delete information); and

4. How each individual granted access to the computer system can be identified.

R. Providers shall develop audit activities at different time periods to reveal who had what level of access to what data.

S. Providers shall maintain a routine nightly backup tape of data files.

T. Providers shall maintain emergency backup computers to receive backup data from the computer information systems on a nightly basis.

VI. Procedures

A. Procedures shall be contained in Provider Manuals.
VII. References / Legal Authority

A. MCL 330.1748; MSA 14.800(748)

B. MCCMH MCO Policy 6-001, “Release of Confidential Information -- General”

C. MCCMH MCO Policy 6-004, “Facsimile Document Transmission”


E. MDCH-MCCMH Managed Specialty Supports and Services Contract

F Huffman, Health Information Management, at 599-601 (10th ed 1994)

VIII. Exhibit

A. Transport of Clinical Record, MCCMH #189 (example)
TRANSPORT OF CLINICAL RECORD

Date: ________________________ Purpose: ________________________________ Contents: ________________________________

From: ________________________ [ ] Program request [ ] Single episode

__________________________________________________________ [ ] Record review [ ] Multiple episodes

__________________________________________________________ [ ] Multiple-program episodes

__________________________________________________________ [ ] Service transfer [ ] Storage (archival)

__________________________________________________________ [ ] Other

To: ____________________________ [ ] Other ________________________________

__________________________________________________________

CONSUMER CASE NUMBER:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Consumer Name: ________________________________

Authorized Signature: ___________________________ Date: ___________________________

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