



Jones
WELLNESS CENTER
Information Management
Policy and Procedure Manual

Revised: 09/10/2024

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.01.01.01
EFFECTIVE/REVISION DATES: 09/10/2024	SUBJECT: General Plan for Managing Information

PURPOSE

1. To describe guidelines for all of the information to be contained in the client's medical record.
2. Information Technology (IT) governance is a part of the organization's corporate governance. IT governance is focused on Information Resources and their performance and risk management. IT governance helps ensure that the organization properly manages its IT projects, service delivery, and compliance requirements.
3. IT governance is a process designed to manage the application of technology to business needs. IT governance qualifies initiatives as projects by ensuring alignment with the enterprise architecture and compliance requirements.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. Jones Wellness Center's governance and management framework exists to:
 - a. Align the organization's IT with the organization's business goals and objectives.
 - b. Enable high-quality enterprise IT planning and management.
 - c. Define the roles and responsibilities necessary to create and sustain a comprehensive governance, planning and management framework.
 - d. Enable new strategic capabilities that allow Jones Wellness Center to operate efficiently and effectively.
 - e. Identify and manage risk and protect Jones Wellness Center's Information Resources.
2. The Founder provides the central point of accountability, leadership, vision and coordination for the enterprise. The Founder is responsible for:
 - a. Design - design and implement processes necessary to govern, plan, manage, oversee, evaluate and implement business planning, technical architecture, standards, information and telecommunications resource management planning, budgeting, funding, quality assurance, IT asset inventory and management, IT procurement, IT security, and IT performance standards and measurements.
 - b. Governance - provide governance for enterprise IT coordination, planning, decision-making, and policy development.
 - c. Tracking - coordinate, facilitate, track and report to executive management, the status of IT projects.
 - d. Communications - develop and implement IT communications and management support infrastructure including enterprise focused information sharing.
 - e. Policy - create the policies, standards and practices necessary to carry out the directives of Jones Wellness Center management as they pertain to IT.
 - f. Initiatives - act as the sponsor for IT initiatives including research, identification and development of opportunities, proof-of-concept, etc.
 - g. Assessment - establish and maintain a technical assessment capability through which to evaluate information and telecommunications technologies and management practices.
 - h. Policies and procedures shall require management authorization for development or acquisition of new applications, systems, databases, infrastructure, services, operations, and facilities.

ENFORCEMENT

Any staff found to have violated this policy may be subject to disciplinary action, up to and including termination.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.01.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Ownership Of Records

PURPOSE

Provides specific steps to protect client privacy and confidentiality of information relating to specific disease processes.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center that all medical records are the property of Jones Wellness Center, and the client owns the protected health information in the medical record.

PROCEDURES

1. All medical records are the property of Jones Wellness Center and are not to be removed from the premises with the exception of specific circumstances.
2. Records are to be kept in the custody of the Health Information Management department.
3. The medical record is maintained under the direct supervision of an individual who is qualified to maintain the medical record according to agencies policies and procedures.
4. This qualified individual, meets standards outlined in the job description for this position.
5. The protected health information in the medical record is owned by the client.

ENFORCEMENT

Any staff found to have violated this policy may be subject to disciplinary action, up to and including termination.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.01.01.03
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Management of Interruptions: Data Back Up Plan

PURPOSE

1. To describe guidelines for all the information to be contained in the client's medical record.
2. Business continuity ensures that the company can continue to provide services during business disruptions. The emphasis for business continuity is on critical business processes that need to be recovered in the event of a disaster.
3. To ensure IT governance helps ensure that the organization properly manages its IT projects, service delivery, and compliance requirements.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

Jones Wellness Center's Business Continuity Policy provides overall guidance and direction for business continuity planning and related activities. This policy supplements the facility's overall security policy, which is intended to protect data integrity, confidentiality, and availability.

PROCEDURE

1. All personnel (staff, contract workers, and so forth) who have access to health information will be held to this policy.
2. The Founder is responsible for performing daily backups on Jones Wellness Center's network, including shared drives containing application data, client information, financial data, and crucial system information.
 - a. The Founder will back up all such data automatically, nightly.
 - b. The Founder, or his or her designee, will ensure proper backup of data.
 - c. In the event that the cloud is not available or properly functioning, the Founder, or their designees will remove backup media to a secured offsite location until the media cloud becomes available.
 - d. The Founder, or their designees will use DropBox and EMR reporting utilities at the start of each business day to validate the accuracy, completeness, and integrity of the backup performed the previous night.
 - e. Individuals validating the backup will generate daily reports and log them into the network log maintained by the software. The Founder will maintain such reports.
 - f. Any errors will be acted upon immediately.
 - i. Responsible personnel will use contract technical support as needed to resolve problems and ensure the validity of backup data.
3. Successful restore functions must be logged in to the network log software.
 - a. Any problems identified during the restore function must be acted on immediately and no later than the same business day that they occur.
 - b. Responsible personnel will use contract technical support as needed to resolve problems and ensure the validity of backup data.
4. All personnel who detect or suspect a data backup problem should immediately report the same to the Founder.
5. All corporate employees are responsible for enforcing this policy.
 - a. Employees who violate this policy are subject to discipline up to and including termination from employment.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.02.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: HIPAA: Privacy of Health Information

PURPOSE

To describe guidelines for the management of information.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. It is the policy of Jones Wellness Center to plan for managing information.
2. Jones Wellness Center has identified the internal and external information needed to provide safe, quality care.
3. Jones Wellness Center has assigned admission staff who are responsible for collecting the standard data elements on each person served.
4. Release of information is limited without a Release of Confidential Information.
 - a. As Jones Wellness Center does treat minors or individuals who are not capable of self-preservation, the Release of Confidentiality must be signed by the individual served.
5. The signature of the client must be compared to that on the client record and the legitimacy of the authorized signature can be verified by comparison with the signature contained in the medical record.
6. Confidential records are maintained on an external server, which is accessible through Jones Wellness Center's intranet.
 - a. Electronic records are maintained on the secure server for 7 years from the last day of service.
7. It is Jones Wellness Center's policy to request the following Releases of Confidentiality upon admission:
 - a. Emergency Medical
 - b. Emergency Contact/Significant Other: in case of an emergency and for the inclusion of family therapy
 - c. Medical Group: for provision of ancillary services
8. All staff are to ensure:
 - a. The client or representative is informed in a manner to ensure their understanding of the specific type of information that has been requested.
 - b. The client/representative may give consent voluntarily.
 - c. The client/representative is informed that the provision of services is not contingent upon the decision concerning the release of information.
 - d. The consents are acquired in accordance with all applicable federal, state and local laws.
 - e. Consents must specifically note that psychiatric records and/or HIV results may be released.

PROCEDURE

1. General Information Management:

a. Confidentiality Federal Regulations on Drug and Alcohol:

- i. Titles 42 of the Code of Federal Regulations, Part 2, contain regulations which apply to drug and alcohol programs that are assisted by the state and federal government.
 1. Jones Wellness Center is covered under the new regulations, which provide that regulations do not allow for the release of the information without client consent.
 2. The regulations pertain to the entire medical record.
- ii. If a client has a present or history of drug/alcohol abuse problem(s), their records are protected by the above code from disclosure, prior to consent, or a court order.
 1. If the client is a minor who consented to treatment, the minor must also consent to the release of information.
 2. Once the proper authorization is obtained, with the request, each sheet of the requested information will be stamped with either the "Confidential" stamp and a statement of prohibition of re-disclosure will accompany the requested information.
- iii. **Drug and Alcohol Prohibition on Re-disclosure:**
 1. Federal Regulations 42, CFR Part 2 (Section 330F P. L. 91-616) as amended by P. L., prohibit the recipient of this information from making further disclosure of, or otherwise passing along, this information except with the specific authorization of the client or empowered representative.

b. Child Abuse

- i. When complying with state child abuse reporting requirements, the general rule is to report child abuse, but to limit the information to what is necessary.
 1. The representatives will be allowed to interview and receive information relating only to the abuse issue.

c. Infectious Disease Reporting

- i. State reporting statutes mandate Jones Wellness Center reports and comply with requests in prevention of disease and promotion of health efforts.
 1. Jones Wellness Center's rule is to limit the information to only what is necessary to fulfill the reporting requirements.
- ii. If the request for information from the medical record is used as a personal document (i.e., the identity of the client is released), then a signed authorization is necessary to release the information.

d. Insurance Companies

- i. The Founder will only release information upon a written receipt of authorization under Title 42, CFR, and Part 2 which applies to drug and alcohol.

2. Exceptions:

a. Commitment of a Crime

- i. If a client commits a crime while in active treatment, the authorities may be notified and the name released, but no other information from the medical record shall be released in such instances.

b. Attorney Requests:

- i. An attorney's request for information must be accompanied by the client's written authorization whether the attorney represents the client or opposing party.
 1. This procedure is also implemented when the requester desires a copy of the record or an appointment to view the record (with the Founder).
 2. If the authorization cannot be obtained, legal proceedings may be an alternative.
 3. The Founder has immediate access to records if a legal action is brought against the facility.

c. Information Released to Police:

- i. Information released to police will only be to the extent that would be found in the police register (i.e., nature of an accident).
 1. No specific medical data will be given without valid consent of the client or a court order.

d. Deceased:

- i. When information is requested regarding a deceased client, the executor or Founder of the estate has the right to authorize disclosure upon presentation of proof of eligibility (i.e. court document, letter of authorization by an attorney for the estate, guardianship papers).

e. Persons Declared Legally Incompetent:

- i. Minors or legally incompetent clients must have authorization signed by a parent, guardian, or legal representative.
 - 1. (Jones Wellness Center does not provide services to individuals who are not capable of self-preservation).

f. Release under Emergency Situations:

- i. Relevant information may be released to providers in the event of an emergency that will assist in the treatment of the specific emergency, but an entire record shall not be released for this purpose.
 - 1. Only the relevant information shall be given.
- ii. The following would be of interest to the emergency service personnel:
 - 1. Previous history of symptomatology;
 - 2. Current medication, dosages, last time taken;
 - 3. Allergies or reactions to medications;
 - 4. Current diagnosis;
 - 5. Recommendations for follow-up care.
- iii. Jones Wellness Center maintains an emergency contact Release of Confidentiality in the EMR.
- iv. When information has been released under emergency situations, the staff member responsible for the release of information must enter all pertinent details of the transaction into the client's medical record including:
 - 1. The date the information was released;
 - 2. The person to whom the information was released;
 - 3. The reason why the information was released without written consent;
 - 4. The specific information which was released.
- v. Upon stabilization of the emergency, the client will be informed that the information was released and staff to request a specific Release of Confidentiality be signed.

g. Release of Information Policy:

- i. Jones Wellness Center will always require an authorization to release information signed by the client, or other responsible party when personal, confidential information is to be released in the absence of any specific law to the contrary.
- ii. The written consent of the client or their authorized representative will be considered valid only if the following conditions are met:
 - 1. Specific consent that details the scope of the information requested;
 - 2. The date;
 - 3. The name of the individual to whom the records are to be released;
 - 4. The purpose of its uses;
 - 5. The period, the release, and the expiration date remain valid;
 - 6. The release of HIV and psychiatric records must be clearly noted on the form prior to the release.

h. Criminal Penalty:

- i. Any person who willfully discloses healthcare information in violation of this act, and who knew or should have known that disclosure is prohibited, is guilty of a misdemeanor and, upon conviction, is subject to a fine, not to exceed \$2000.00 and/or imprisonment, of a period not to exceed one (1) year.
- i. **Preparing Request:**
 - i. The Release of Information authorization complies with the state and federal laws on medical records.
 - ii. Even in cases where no release is required by state and federal law, Jones Wellness Center requires consent to be obtained.
 - iii. Exception is the reporting of child abuse or commitment of a crime while in treatment.
- j. **Consent to Release Information (General):**
 - i. A person who can consent to treatment can also consent to release of information, therefore, a conservator can sign to release a conservator's information if he/she has the power to admit.
 - ii. In cases of group therapies, or information generated by others rather than the client, the information may not be released without the consent of the party originating the information, unless a court order has been issued.
 - iii. The requesting party will be informed that such information has been deleted from the record.

- iv. There is no special access to records for police officers, school officials/representatives, employers, probation officers, or social workers who do not have the right to consent for the client's treatment, nor for operational or clinical staff not specifically involved with the client's treatment.
- k. Staff Resources:**
- i. Jones Wellness Center has established resources for staff if the staff is uncertain about the legality or appropriateness of releases.
 - ii. Staff shall seek guidance from the Founder.
 - 1. Only the medical records department shall provide documented or verbal information to external sources regarding clients.
 - 2. If other staff receive written or verbal requests, they shall contact the Founder who may release the information if a valid release is on file.
 - iii. Each new employee shall be oriented on the first day of employment about the rules and laws of confidentiality and organizational policies and procedures.
 - 1. The orientation and training events shall be documented in the individual's Human Resource's file.
 - iv. Breach of confidentiality shall cause immediate termination.
 - 1. Any breach of confidentiality shall be documented on an Incident Report form and reported to the Founder.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.02.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: HIPAA: Privacy of Insurance

PURPOSE

To describe guidelines for all the information to be contained in the client's medical record.

Provides an overview of federal and state laws and regulations regarding required content for authorizations to disclose protected health information (PHI).

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

Jones Wellness Center complies with federal and state laws and regulations regarding content for authorizations to disclose PHI.

PROCEDURE

1. Legal Requirements-- portion of the rule that addresses authorization content.
 - a. It will also provide an overview of other federal and state laws and regulations regarding authorization content.
 - b. Health Insurance Portability and Accountability Act (HIPAA) --Section 164.508 of the final privacy rule states that covered entities may not use or disclose PHI without a valid authorization, except as otherwise permitted or required in the privacy rule.
2. General authorization content:
 - a. The rule states that a valid authorization must be in plain language and contain at least the following core elements:
 - i. A specific and meaningful description of the information to be used or disclosed.
 - ii. The name or other specific identification of the person(s) or class of persons authorized to use or disclose the information.
 - iii. The name or other specific identification of the person(s) or class of persons to whom the covered entity may make the use or disclosure.
 - iv. A description of each purpose of the requested use or disclosure.
 1. The statement "at the request of the individual" is sufficient when an individual initiates the authorization and does not provide a statement of the purpose.
 - v. An expiration date or event that relates to the individual or the purpose of the use or disclosure.
 1. The statement "end of the research study", "none", or similar language is sufficient if the authorization is for a use or disclosure for research, including for the creation and maintenance of a research database or repository.
 - vi. Signature of the individual and date.
 1. If the authorization is signed by a personal representative of the individual, a description of the representative's authority to act for the individual.
 3. In addition to the core elements, the rule states that a valid authorization must include a statement of the individual's right to revoke the authorization in writing and either:
 - a. A reference to the revocation right and procedures described in the notice.
 - b. A statement about the exceptions to the right to revoke and a description of how the individual may revoke the authorization.

4. Exceptions to the right to revoke include situations in which Jones Wellness Center has already acted in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage.
 - a. A statement about the ability or inability for Jones Wellness Center to continue treatment, payment, enrollment, or eligibility for benefits on the authorization.
 - b. Jones Wellness Center must state that it will not deny treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization.
 - c. Jones Wellness Center must describe the consequences of a refusal to sign an authorization when Jones Wellness Center conditions research-related treatment, enrollment or eligibility for benefits, or the provision of healthcare solely for the purpose of creating PHI for a third party on obtaining an authorization.
 - d. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by the rule.
5. Marketing content:
 - a. The authorization must also include a statement about any direct or indirect remuneration it has or will receive from a third party when the authorization sought is for marketing purposes.
6. Content when authorization is requested by a covered entity:
 - a. The covered entity must provide the individual with a copy of the signed authorization when the covered entity seeks the authorization.
 - b. Therefore, covered entities may want to consider printing their authorization form on multiple-part paper (carbon or carbonless) and listing the distribution of the various copies on the front page.
 - c. For example, text on the authorization form might indicate that the top copy is to be maintained by the covered entity, the second copy is to be given to the individual, and the third copy is to accompany any disclosure of protected health information.
7. Compound Authorizations
 - a. An authorization may be combined with another document to create a compound authorization only as described below:
 - i. Research:
 1. An authorization for the use or disclosure of PHI for a research study may be combined with any other type of written permission for the same research, including a consent to participate in the research or another authorization to disclose PHI from the research.
 - ii. Psychotherapy Notes:
 1. An authorization for the use or disclosure of psychotherapy notes may be combined with another authorization for the use or disclosure of psychotherapy notes.
 2. For example, an individual can complete an authorization that requests his/her psychotherapy notes be sent to his/her attorney and a second mental health professional.
 3. An authorization for psychotherapy notes may not be combined, however, with an authorization for disclosure of general health information or research.
 - iii. General:
 1. An authorization for the disclosure of general health information may be combined with another authorization for the disclosure of general health information.
 2. However, a general authorization that conditions treatment, payment, enrollment, or eligibility for benefits on completion may not be combined with another authorization.
 3. For example, an insurance company may not combine an authorization they require as a condition of enrolling in their plan with another authorization.
8. Defective Authorizations
 - a. The privacy rule declares invalid any authorization with the following defects:
 - i. The expiration date or event has passed or occurred;
 - ii. The authorization is missing one or more items of content described above;
 - iii. The authorization is known to have been revoked;
 - iv. The authorization violates a privacy rule standard on conditioning or compound authorizations;
 - v. Material information in the authorization is known to be false
9. Substance Abuse
 - a. The confidentiality of alcohol and drug abuse client records rule applies to federally assisted alcohol and drug abuse programs.
 - b. The rule establishes the following content requirements for authorizations to disclose individually identifiable PHI generated by alcohol or drug abuse programs:
 - i. The specific name or general designation of the program or person permitted to make the disclosure.

- ii. The name or title of the individual or the name of the organization to which disclosure is to be made.
- iii. Client name.
- iv. Purpose of disclosure.
- v. How much and what kind of information is to be disclosed.
- vi. The signature of the client or legal representative.
- vii. The date on which the authorization is signed.
- viii. A statement that the authorization is subject to revocation at any time except to the extent that the program or person who is to make the disclosure has already acted in reliance on it.
 - 1. Acting in reliance includes the provision of services in reliance on a valid authorization or consent to disclose information to a third-party payer.
- ix. The date, event, or condition upon which the authorization will expire if not revoked.
 - 1. This date, event, or condition must ensure that the authorization will last no longer than reasonably necessary to serve the purpose for which it is given.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.02.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Managing PHI Related to HIV/AIDS Status

PURPOSE

Provides specific steps to protect client privacy and confidentiality of information relating to specific disease processes.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. Jones Wellness Center must constantly balance its duty to protect third parties from the spread of the acquired immunodeficiency syndrome (AIDS), caused by the human immunodeficiency virus (HIV) with its duty to protect the privacy of individuals who are infected with HIV due to its significant potential for invasion of privacy and resultant discrimination.
2. Individuals tested for HIV and/or treated for AIDS must be assured that information shared with healthcare professionals will remain confidential.
 - a. Without such assurance, clients may withhold critical information that could affect the quality and outcome of care, safety of healthcare workers, and reliability of the information.

PROCEDURES

1. To protect client privacy and the confidentiality of information relating to HIV infection, Jones Wellness Center will adhere to the following steps:
 - a. Specific, written informed consent will be obtained from the individual or the individual's legal representative prior to voluntary testing.
 - i. Pre- and post-test counseling should be provided by a qualified healthcare professional.
 - b. Special handling procedures should be avoided, as they are more likely to call attention to the client's HIV status than routine handling methods.
 - c. Information on HIV infection and/or AIDS is reportable to local health authorities.
<https://www.dshs.texas.gov/hivstd/reporting>
 - i. Jones Wellness Center is required to report the name of the person tested or other identifying information.
 - ii. Within Jones Wellness Center, a client's serologic status should be disclosed only as needed for diagnosis, management, or treatment.
 - d. Others who may review client health records for administrative purposes (such as quality improvement, billing, and risk management) must ensure that this information is handled in a confidential manner.
 - i. Information will only be disclosed to other legitimate users (including through the billing process) with specific written authorization of the client or the client's legal representative or upon receipt of a valid subpoena.
 - e. Information disclosed to authorized users should be limited strictly to that required to fulfill the purpose stated on the authorization.
 - i. Authorizations for the release of all information without specifically mentioning HIV or AIDS should not be honored.
- f. HIV-positive healthcare workers should be managed according to guidelines outlined by the Centers for Disease Control and Prevention and state and federal laws.
 - i. The healthcare worker's privacy must be balanced against the risk of transmission to client, employees, and others.
 - ii. If questions arise, Jones Wellness Center's legal counsel should be involved in resolving the related questions.

- g. Medical coders should only code from diagnoses listed in the medical record.
 - i. The provider will be consulted prior to assigning codes from laboratory data or test results when a diagnosis is not clearly stated.
- 2. Requirements:
 - a. A general authorization for the release of medical or other information is not an authorization for the release of confidential HIV information unless the authorization specifically indicates that it encompasses such information.
 - b. Disclosures of confidential communicable disease related information may be made without authorization in a limited number of circumstances detailed below.
 - c. Employees:
 - i. To an agent or employee of a healthcare provider if the agent or employee is authorized to access medical records, the healthcare agency or health care provider itself is authorized to obtain the communicable disease related information and the agent or employee provides health care to the protected individual or maintains or processes medical records for billing or reimbursement.
 - d. Government Agencies:
 - i. To a government agency that is legally authorized to receive the information.
 - ii. Jones Wellness Center may only re-disclose the confidential information pursuant to the article governing communicable disease information or as otherwise permitted by law.
 - e. Health care operations:
 - i. Quality assessment:
 - 1. For the review of quality of medical care.
 - ii. Utilization Review:
 - 1. For the review of utilization or necessity of medical care.
 - iii. Accreditation:
 - 1. To an accreditation or oversight organization for the review of professional practices at Jones Wellness Center.
 - iv. Disclosures for these health care operations may include only information necessary for the authorized review and may not include information that directly identifies the protected person.
 - v. Health Officers:
 - 1. To a federal, state, county or local health officer if disclosure is mandated by law.
 - vi. Judicial and Administrative Proceedings:
 - 1. Where the disclosure is ordered by a court or by an administrative body pursuant to specified requirements.
 - 2. The applicant for the order or search warrant must demonstrate that an imminent public health threat exists; there is a compelling need for the confidential information in a court or legal proceeding; or, there exists a clear and imminent danger to a person's life.
 - 3. The court must make specific findings, and the order or search warrant must limit disclosure to that information which is necessary to fulfill the purpose for which the order is granted and to those persons whose need for the information is the basis for the order.
 - 4. It must specifically prohibit re-disclosure to any other persons.
 - f. There are also additional requirements:
 - i. Research:
 - 1. For purposes of research
 - ii. Treatment:
 - 1. Persons who obtain confidential information may provide the information to another health care provider or healthcare agency if knowledge of the disease is necessary to provide appropriate care or treatment of a client or a client's child.
- 3. Other Requirements
 - a. A person making a disclosure pursuant to a release of confidential communicable disease related information must document the accounting of all disclosures and make that record available to the protected person upon request.

Privacy of Health Information-HIPAA

POLICY

1. Jones Wellness Center will maintain a privacy program, which complies with the requirements of the HIPAA Privacy Standards.
2. The basic components of the program are outlined below.
3. Specific policies and procedures will be developed and implemented with the approval of the Founder.

PROCEDURE

1. Jones Wellness Center's privacy program will incorporate, at a minimum, the following administrative requirements of the HIPAA Privacy Rule:
 - a. Founder:
 - i. Jones Wellness Center will appoint a staff designee who is responsible for the development and implementation of policies and procedures related to the HIPAA Privacy Program.
 - b. Training:
 - i. Jones Wellness Center will implement a training program for all members of the workforce on policies and procedures related to the privacy of protected health information (PHI).
 - c. Safeguards:
 - i. Jones Wellness Center will implement appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.
 - d. Complaints:
 - i. Jones Wellness Center will implement a process for individuals to make complaints concerning privacy practices.
 - e. Sanctions:
 - i. Appropriate sanctions will be imposed against members of Jones Wellness Center workforce who fail to comply with policies and procedures related to privacy.
 - f. Mitigation:
 - i. Jones Wellness Center will implement a process for mitigating, to the extent practicable, any known harmful effect arising from the use or disclosure of PHI in violation of Jones Wellness Center's policies and procedures.
 - g. Waiver of Rights:
 - i. Requiring an individual to waive their rights under the HIPAA Privacy Standards as a condition of treatment is strictly prohibited.
 - h. Policies and Procedures:
 - i. Jones Wellness Center will implement policies and procedures with respect to PHI that are designed to comply with the standards, implementation specifications, and other requirements of the HIPAA Privacy Rule.
 - i. Documentation:
 - i. Jones Wellness Center will establish a process for maintaining all documentation required by the HIPAA Privacy Rule in the specified manner and for the specified retention period.
2. Business Associate Requirements:
 - a. Jones Wellness Center must have written agreements with business associates.
 - b. A process will be established to identify business associates.
 - c. Appropriate language will be added to existing contracts and be incorporated into new and renewing contracts.

3. Organized Health Care Arrangement (OHCA):
 - a. The Privacy Rule allows for an option called an OHCA.
 - b. This is defined as a clinically integrated care setting in which individuals typically receive healthcare from more than one healthcare provider.
 - c. Jones Wellness Center and its medical staff are an OHCA under the rule.
 - d. Jones Wellness Center recognizes an OHCA with the members of its medical staff.
 - e. This arrangement between Jones Wellness Center and non-employed physicians permits the sharing of PHI, for payment and operations purposes, between Jones Wellness Center and members of its medical staff without requiring client authorization.

Texas HIV Reporting Laws

1. For detail on the Texas HIV/AIDS reporting requirements: <https://www.dshs.texas.gov/hivstd/reporting>
2. To view the publication in its entirety, see HIV Criminalization in the United States: A Sourcebook on State and Federal HIV Criminal Law and Practice. Methodology is explained in the Introduction (page 5)
<https://www.hivlawandpolicy.org/sourcebook>

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM 02.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Minimum Necessary Standards

PURPOSE

1. To describe guidelines for all the information to be contained in the client's medical record.
2. To issue instructions regarding Jones Wellness Center's individual department obligations relating to the Health Insurance Portability and Accountability Act (HIPAA) requirements to use, disclose, or request only the minimum amount of protected health information (PHI) necessary to accomplish the intended purpose of the use, disclosure or request.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. The minimum necessary standard applies when; (1) using or disclosing PHI; and (2) when requesting PHI. The agency will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.
2. Exceptions to the minimum necessary requirement include:
 - a. Disclosures to or requests by healthcare providers for treatment purposes.
 - b. Disclosures to the individual who is subject of the information.
 - c. Disclosures made pursuant to an authorization requested by the individual.
 - d. Disclosures required for compliance with the standardization HIPAA transactions.
 - e. Disclosures made to the Department of Social and Human Services (DSHS) when disclosure of information is required under the enforcement purposes.
 - f. Disclosures are otherwise required by law.
3. The Privacy Rule exempts from the minimum necessary standards any uses or disclosures for which Jones Wellness Center has received an authorization.
 - a. The standard is also not intended to impede disclosures necessary for workers' compensation programs.
4. All workforce members will be trained upon employment and annually on the policy and procedures developed to apply these principles around the use, disclosure or requests for PHI.

DEFINITIONS:

1. Covered Entity (CE) is defined as a health plan, a healthcare clearing house, or a health care provider that transmits any health information in electronic form relating to any health care transaction.
2. Disclosure is defined as the release, transfer, provision of access to, or divulging in any manner protected health information outside of Jones Wellness Center's workforce members.
3. Routine disclosures are made on a recurring basis.
4. Non-routine disclosures are those that are made only occasionally, such as to a public official investigating a crime.
5. Protected Health Information (PHI) is defined as individually identifiable information relating to past, present or future physical or mental condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.
6. Workforce members are defined as employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the department, its offices, or programs, is under the direct control of the department, office, program or clinic, regardless of whether they are paid by the entity.

PROCEDURE:

The following procedure will be implemented to ensure that this policy is enforced effectively across all parts of the organization.

1. Verification
 - a. In any instance, in which the identity or authority of a requestor is not known to Jones Wellness Center personnel, personnel must obtain and verify applicable documentation, statements, or representations in support of the purpose of the request and/or identity of the requestor.
 - b. Jones Wellness Center should also require supporting documentation for any request made by another covered entity that would involve disclosure of a complete medical record, or for any disclosure that does not appear reasonable under the circumstances.
 - c. Except with respect to disclosures requiring an opportunity for the individual to agree or object.
2. Uses, Disclosures and Access Controls
 - a. Routine / Non-Routine Disclosures
 - i. For routine disclosures of PHI, the clinic has established a protocol to determine what is “minimally necessary”; for non-routine requests for disclosures, personnel must make an individual, case-by-case determination and limit disclosures to only the minimum necessary to accomplish the purpose of the disclosure.
 - b. Internal Routine Disclosures
 - i. For internal uses of information, Jones Wellness Center has determined which departments, persons or classes of persons in which its workforce members need access to PHI and the category or categories of PHI to which access is needed and any conditions appropriate to such access to PHI to carry out their job duties.
 - ii. Reasonable efforts will be made to limit each user’s access to only the PHI that is needed to carry out his/her duties.
 - c. Personnel of Jones Wellness Center must also limit any request made for PHI, to that which is reasonably necessary.
 - i. Personnel may not use, disclose or request an entire medical record, except when the entire medical record is specifically just the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request.
 - d. Screening Requests from Other Covered Entities:
 - i. Individual requests for disclosure (other than pursuant to an authorization, for instance to accrediting bodies, insurance carriers, research entities, funeral homes, etc.) will be reviewed by the clinic to limit the information disclosed to that which is reasonably necessary to accomplish the purpose for which disclosure is sought.
 1. A request may be presumed to be limited to the minimum necessary if the request is from a public official, another covered entity, and the request states that the PHI requested is the minimum necessary.
 2. If the requestor asks for specific information, only the information requested should be disclosed.
 - e. Use by Technology Role Based Access Controls (RBAC):
 - i. Jones Wellness Center has implemented Role Based Access Controls (RBAC) that permit only people in certain roles to access certain types of information.
 - ii. Access controls are linked to the person’s unique user identification and password or other form of “entity authentication.”
 - iii. A supervisor or manager specifically authorizes access for a person needing to use PHI, that the person’s identity is validated when access privileges are established, that when the person’s job changes access privileges are modified accordingly, and that the account is removed when the person terminates.
 - f. Incidental Disclosures
 - i. All are permissible to the extent that reasonable and appropriate safeguards have been implemented to protect the privacy of PHI and limit disclosure to the minimum necessary.
 - ii. Unit assignment sheets, attendance sheets, displaying the client names are all examples of incidental disclosures that are considered a by-product of otherwise permissible disclosures related to treatment and health care operations.
 - iii. Incidental use or disclosure that occurs because of a failure to apply reasonable safeguards or minimum necessary is not permitted.

- g. Confidential Communications
 - i. Jones Wellness Center must accommodate all reasonable requests made by an individual to receive communications of protected health information by:
 1. Alternative means, such as a letter instead of a phone call, via e-mail instead of a phone call, or in Greek instead of English.
 2. At alternative locations, such as sent to their sister's address instead of home or in a private room.
 - h. Restrictions An individual must be permitted to request restriction on use and disclosures of PHI to carry out treatment, payment, and healthcare operations (TPO) and to those involved in their care.
 - i. Jones Wellness Center does not have to agree to a restriction, but if Jones Wellness Center agrees, it may not use or disclose PHI in violation of the restriction except in an emergency treatment situation.
 - i. Uses and Disclosures Permitted for TPO (Third Party Org.)
 - i. Re-disclosure:
 1. Jones Wellness Center's records may contain information about a client from another healthcare provider's records.
 2. No re-disclosures of another healthcare provider's records are permitted.
 3. Issues often arise regarding disclosure of PHI from other healthcare providers. Unless otherwise required by law or regulation, the following is recommended:
 - a. If a client requests access to PHI from another provider, it should be disclosed to the client or legal representative upon written request and following the HIPAA requirements for granting access to PHI.
 - b. Unless otherwise required by law, generally no other re-disclosures should be made.
 - c. In response to a subpoena or other request, Jones Wellness Center should not disclose PHI from another provider, except for the outside test results that have been made part of the client's record.
 - j. Responsibility
 - i. It is the responsibility of the department supervisor to ensure that their staff members who use PHI as part of their jobs should be taught what specific information they may access as part of their assigned duties and that they should not be reviewing or using other parts of the client's medical record or other client's records if it is not reasonably necessary to carry out their duties.
 - k. Ongoing Compliance
 - i. To ensure compliance with the minimum necessary requirements, internal auditors, corporate compliance officers, or others may establish ongoing monitoring (such as audit trails), periodic checking on particularly vulnerable areas (such as all requests for the entire medical record), and triggered reviews when there are special complaints or incidents.
 - ii. This compliance process would result in feedback to members of the work force on areas needing more attention and may necessitate the redesign of work processes or procedures to enhance compliance.

HIPAA DISCLOSURES

PURPOSE

To describe guidelines for all the information to be contained in the client's medical record. To establish guidelines for documenting and tracking disclosures of protected health information (PHI) to ensure client access to such information is in compliance with federal and state regulations.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

Employees of Jones Wellness Center will chart all disclosures of PHI to persons or entities outside of the health system and releases made directly to the client.

PROCEDURE

Charting:

1. Any employee disclosing PHI (except for treatment, payment, and healthcare operations purposes) will record that disclosure in the client medical record or within the electronic health information system or in a manner appropriate to their department.
 - a. The record of the disclosure will include:
 - i. Date of disclosure;
 - ii. Name and address, if known, of the entity/person who received the protected health information;
 - iii. Brief description of the protected health information disclosed;
 - iv. Brief statement of purpose that reasonably informs the client of the purpose;
 - v. If multiple disclosures are made to the same entity/person for the same reason, of the same client's protected health information, it is not necessary to document A-D for each disclosure.
 - vi. It is acceptable to document the first disclosure, the frequency or number of disclosures made during the accounting period, and the date of the last disclosure in the accounting period.

Providing the accounting:

1. Clients may make a request for an accounting of disclosures for up to six years prior to the date of the request or may request a period less than six years.
 - a. In any case the accounting will only include disclosures made after the effective date of this policy.
 - b. When a client makes a request for an accounting of disclosures, the written accounting for each disclosure must include items A-D above.
2. Jones Wellness Center has sixty (60) days to act on the client's request for an accounting of disclosures.
 - a. One thirty (30) day extension is allowed, but the individual must be informed in writing of the delay, the reason for the delay, and the date the accounting will be provided.
3. Jones Wellness Center must provide the first accounting free in any 12-month period.
 - a. Subsequent requests in the same 12-month period can be charged a reasonable fee based on the organization's costs of providing an accounting.
 - b. Before charging the fee, the organization must inform the client and allow them the opportunity to withdraw or modify the request to avoid or reduce the fee.
4. The Health Information Management (HIM) Department/Medical Records Department will be responsible for receiving the request from the client.
 - a. Upon receipt of the request, HIM department will print out the accounting log.
 - b. This, along with the chart will be sent to the Founder.
 - c. The Founder or designee will review the medical record and poll other departments for the following possible disclosures that must be accounted to the client:
 - i. Public Health Authorities:
 1. Public Health authorities may have access to the medical record for the following reasons:
 - a. Surveillance
 - b. Investigations
 - c. Interventions
 - d. Foreign governments collaborating with United States Public Health authorities
 - e. Recording births
 - f. Recording deaths
 - g. Child abuse
 - h. Elder abuse
 2. Prevent serious harm

3. Communicable disease
- ii. Food and Drug Administration:
 1. The Food and Drug Administration may have access to the medical record for the following reasons:
 - a. Adverse events, product defects or biological product deviations;
 - b. Track products;
 - c. Enable product recalls repairs or replacements;
 - d. Manufacture of defective products.
- iii. Employer: (requires completed ROI; HIPAA compliant authorization)
 1. An employer may have access to medical records for the following reasons:
 - a. To employer requesting healthcare be provided to their employee;
 - b. Medical surveillance;
 - c. Work related injury or illness;
 - d. Occupational Safety and Health Administration (OSHA) or similar state law.
- iv. Health Oversight:
 1. Health oversight entities may have access to medical records for the following reasons:
 - a. Government benefit program;
 - b. Civil rights laws;
 - c. Birth/Death registries;
 - d. Vital statistics.
- v. Judicial and Administrative Proceedings:
 1. Medical records may be released for judicial and administrative proceedings only if there is a court order or subpoena with a HIPAA compliant authorization).
- vi. Law Enforcement
 1. Medical records may be released to law enforcement only as required by law, or if there is a:
 - a. Court order, court ordered warrant, subpoena or summons;
 - b. Proof of active investigation must be in writing, or a HIPAA compliant authorization;
 - c. Administrative request;
 - d. Locating a suspect, fugitive, material witness or missing person;
 - e. Emergency treatment, crime is elsewhere and averting a serious threat to health or safety;
 - f. Victims of crime;
 - g. Crimes on premises;
 - h. Suspicious deaths.
- vii. Deceased Persons
 1. Medical records of a deceased person may only be released to the following:
 - a. Coroner or medical examiner;
 - b. Funeral directors;
 - c. Organ procurement.
- viii. Research (w/o authorizations)
 1. Medical records can be released for research purposes without an authorization only when:
 - a. Multiple research disclosures that include providing a description of the research for which an individual's PHI may have been disclosed and contact information.
 - b. The information to be reported must be in an aggregated form and without a client name.
- ix. Specialized Government Functions
 1. Medical records may only be disclosed to specialized government functions:
 - a. Military and veterans' activities;

- b. Protective services;
- c. Department of State: medical suitability;
- d. Government programs providing public benefits;
- e. Foreign military personnel.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.02.01.03
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Security: Use and Disclosure of Information

PURPOSE

To describe guidelines for the course of day-to-day operations.

SCOPE

This policy applies to all staff of Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to have policies and procedures for the course of day-to-day operations.

PROCEDURES

1. The uses and disclosures are covered in the client's general consent and do not require the client's specific authorization.
2. Use and disclosure of protected health information is permitted under this policy to conduct the following activities:
 - a. Quality assessment and improvement;
 - b. Professional credentialing;
 - c. Medical and utilization review;
 - d. Legal services;
 - e. Auditing;
 - f. Business planning and market research;
 - g. Grievance procedures;
 - h. Due diligence analysis;
 - i. Creation of de-identified information;
 - j. Customer service;
 - k. Client directories;
 - l. Compliance monitoring.
3. Before using or disclosing protected health information payment for any of the functions included in health care operations, a client must consent.
 - a. Obtaining the consent is the responsibility of the intake person.
4. Refusal of Non-Emergency Treatment without Consent for Purposes of Payment
 - a. If a client refuses to consent to the use and disclosure of information for purposes of health care operations, a staff member is required to provide treatment.

Integrity of PHI: Loss, Damage, Unauthorized Alteration, Intentional Destruction of PHI

PURPOSE

To describe guidelines for ensuring the integrity of PHI: loss, damage or unauthorized alteration.

SCOPE

This policy applies to all client records and staff within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to ensure the integrity of health information against loss, damage or unauthorized alteration.

PROCEDURE

1. Jones Wellness Center's Electronic Medical Record is backed up according to the EMR provider's policy: EMR
2. The EMR provider has internal mechanisms to ensure against loss of information, damage and unauthorized alteration.
3. Jones Wellness Center has designated the Founder to work with the facility.
4. Any instances regarding the loss, damage or unauthorized alteration may be reported to the Founder who is responsible for working with EMR for the retrieval of the information.
5. See attached: EMR Master Instance

Intentional Destruction of PHI

PURPOSE

To establish guidelines for the appropriate destruction of a variety of media that contains protected client health information (PHI).

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to ensure the privacy and security of client PHI in the maintenance, retention, and eventual destruction and disposal of such media.

DEFINITIONS:

1. Client Health Information Media
 - a. Any record of client PHI, regardless of medium or characteristic that can be retrieved at any time.
 - b. This includes all original client records, documents, papers, letters, billing statements, x-rays, films, cards, photographs, sound and video recordings, microfilm, magnetic tape, electronic media, and other information recording media, regardless of physical form or characteristic, that are generated and/or received in connection with transacting client care or business.

PROCEDURE

1. All destruction and disposal of media containing client PHI will be done in accordance with federal and state law and pursuant to the clinic's written retention policy.
 - a. Records that have satisfied the period of retention will be destroyed and disposed of in an appropriate manner.
2. Records involved in any open or anticipated investigation, audit or litigation should not be destroyed and disposed of.
 - a. If notification is received that any of the above situations have occurred or there is the potential for such, the record retention schedule shall be suspended for these records until such time as the situation has been resolved.
 - b. If the records have been requested during a judicial or administrative hearing, a qualified protective order will be obtained to ensure that the records are returned to the clinic.
3. Records scheduled for destruction and disposal should be secured against unauthorized or inappropriate access until the destruction and disposal of client PHI is complete.
4. A record of all client PHI media destruction and disposal should be made and retained permanently by the clinic.
 - a. Permanent retention is required because the records of destruction and disposal may become necessary to demonstrate that the client medical records were destroyed and disposed of in the regular course of business.
 - b. Records of destruction and disposal should include:
 - i. Date of destruction and disposal;
 - ii. Method of destruction and disposal;
 - iii. Description of the destroyed and disposed of record series or medium;
 - iv. Inclusive dates covered;
 - v. A statement that the client's medical records were destroyed and disposed of in the normal course of business;
 - vi. The signatures of the individuals supervising and witnessing the destruction and disposal.
5. If destruction and disposal services are contracted, the contract must provide that the contractor (a business associate) will establish the permitted and required uses and disclosures of information as set forth in the federal and state law (outlined in organization's Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement/Contract) and include the following elements:
 - a. Specify the method of destruction and disposal;
 - b. Specify the time that will elapse between acquisition and destruction of data/media;
 - c. Establish safeguards against breaches in confidentiality;
 - d. Indemnify the clinic from loss due to unauthorized disclosure, and, if appropriate, require that the contractor (business associate) always maintain liability insurance in specified amounts the contact is in effect;
 - e. Provide proof of destruction and disposal.
6. Client PHI media should be destroyed and disposed of using a method that ensures the client PHI cannot be recovered or reconstructed.
 - a. Appropriate methods for destroying and disposing of media are outlined in the following table:

Medium	Recommendation
Computerized Data / Hard Disk Drives	Methods of destruction and disposal should destroy data permanently and irreversibly. Methods may include overwriting data with a series of characters or reformatting the disk (destroying everything on it). Deleting a file on a disk does not destroy the data, but merely deletes the filename from the directory, preventing easy access of the file and making the sector available on the disk so it may be overwritten. Total data destruction does not occur until the cloud has been overwritten.
Computer Data / Magnetic Media	Methods may include overwriting data with a series of characters or reformatting the tape (destroying everything on it). Total data destruction does not occur until the cloud has been overwritten. Magnetic degaussing

	will leave the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable.
Protected Health Information Labeled Devices, Containers, Equipment, Etc.	Reasonable steps should be taken to destroy or de-identify any PHI prior to disposal of this medium. Removing labels, obliterating identifying information with a marker/pen, covering labels with a blank label, or incineration of the medium would be appropriate means to destroy or de-identify PHI.
Paper Records	No staff should produce any paper records

7. The methods of destruction and disposal should be reassessed annually, based on current technology, accepted practices, and availability of timely and cost-effective destruction/disposal services.

Removal of PHI

PURPOSE

To describe guidelines for the removal of PHI.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to ensure the removal of PHI is authorized by the individual served, a legal representative, through a court order or emergency protocols.

PROCEDURE

Please see the General Plan for Managing Information.

Amendment Request by Client

PURPOSE

Establish guidelines for implementing a client's right to request an amendment of protected health information (PHI) as required by the Health Insurance Portability and Accountability Act ("HIPAA").

SCOPE

This policy applies to all individuals served within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. Jones Wellness Center clients have the right to request an amendment of their PHI that is contained in a designated record set.
2. Jones Wellness Center may deny the requests to amend the PHI on any one of the following bases:
 - a. The PHI in the designated record set is accurate and complete.
 - b. The PHI is not in the designated record set.
 - c. The PHI was not created by Jones Wellness Center, unless the individual provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the request to amend.

PROCEDURE

1. Individuals must submit in writing a request to the Founder to amend the designated record set.
2. The Founder will bring the request and designated record set to the attending provider for review.
 - a. If a request is granted, the Founder will include the amendment to the PHI designated record set.

- b. The Founder will inform the individual in writing that the amendment is accepted and obtain the individual's written agreement to have the entity notify the relevant person(s) with which the amendment needs to be shared.
 - c. An interoffice memorandum and an electronic note, to see the medical record for amended changes to the designated record set, will carry this out.
 - d. The Founder will make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - i. Persons identified by the individual as having received PHI and needing the amendment.
 - ii. Persons, including business associates that the entity knows have the PHI and that may have relied, or could foreseeable rely on the PHI to the detriment of the individual.
3. If request is denied, the Founder will send a written notice of denial to the individual that contains:
 - a. The basis for denial
 - b. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement
 - c. A statement that if the individual does not submit a statement of disagreement, the individual may request that the entity provides the individual's request for amendment and the denial with any future disclosures of the PHI
 - d. A description of how the individual may submit a complaint to the entity
4. Jones Wellness Center will permit the individual to submit a written statement disagreeing with the denial and the basis of the disagreement.
 - a. The Founder will prepare a written rebuttal to the individual's disagreement statement that is forwarded to the individual.
 - b. The request, notice of denial, individual's written statement and written rebuttal will be included in the designated record set.
 - c. The request, notice of denial, written statement and written rebuttal will be included in all future disclosures of the PHI.

Complaint Process

PURPOSE

To issue instructions to all Jones Wellness Center personnel regarding procedures for acceptance of, response to, and documentation of client's complaints about alleged violations of their rights relating to protected health information (PHI).

SCOPE

This policy applies to all individuals served within Jones Wellness Center.

Definition:

1. **Protected Health Information (PHI)** means individually identifiable information relating to past, present, or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual that is transmitted or maintained in any form or medium.
2. **Designated Record Set** means a group of records maintained by or for Jones Wellness Center that is: the medical and billing records relating to an individual maintained by or for Jones Wellness Center; the enrollment, payment, claims adjudication, and case or medical management systems maintained by or for Jones Wellness Center, or; used, in whole or part, by or for a covered entity to make decisions about individuals.
3. **Complaint** means a written communication to Jones Wellness Center Founder relating to any of Jones Wellness Center's obligations regarding PHI.
4. **Complainant** means the person who initiates a complaint or appeal.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. Jones Wellness Center must provide a process for individuals to complain about Jones Wellness Center's privacy-related policies and procedures or Jones Wellness Center's adherence to those policies and procedures.

2. Jones Wellness Center has designated the Founder as the person responsible for receiving complaints related to individuals' privacy rights.
3. The Founder is also the designated person for providing further information about any matter discussed in the Notice of Privacy Practices.
4. Jones Wellness Center may not require individuals to waive their right to complain as a condition of treatment, payment, or enrollment.

PROCEDURE

1. Any person who believes Jones Wellness Center is not complying with the privacy policies and procedures may file a written complaint to the Founder and/or the Department of Health and Human Services, Office of Civil Rights within 180 days of when the person knew or should have known of the alleged violation.
2. When a privacy standard related complaint is communicated to any Jones Wellness Center personnel, that person will immediately notify the Founder and shall inform the complainant of the name and contact information for the Founder.
 - a. If the Founder is the subject of the complaint, the complainant shall be referred directly to the Risk Manager, who will act as the Founder for purposes of that complaint.
 - b. The person taking the complaint shall assist the complainant in completing a written complaint form, if such help has been requested.
3. In investigating and acting on the complaint, the Founder may consult with the Risk Manager and legal counsel.
 - a. The Founder and Risk Manager may investigate the complaint by reviewing Jones Wellness Center's policies and procedures, practices and review the circumstances regarding the alleged privacy rights violation, and if appropriate, shall take all reasonable steps to mitigate the effects of any alleged violation.
4. If the results of the investigation indicate that personnel of Jones Wellness Center have made an unauthorized use or disclosure of PHI, or otherwise violated the privacy policies and procedures, the Founder shall report such findings to the person's supervisor and appropriate disciplinary action will take place.
5. The Founder will communicate the results of the investigation and resolution of the complaint to the complainant in writing within thirty (30) working days unless a greater amount of time is necessary to complete the investigation.
 - a. If such greater time is necessary, the Founder will, within thirty (30) days, notify the complainant in writing of the delay and inform the complainant of the expected time frame for completion of the investigation.
6. If the complainant is dissatisfied with the result, he/she shall be informed of the right to file the complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights and shall be given assistance in doing so, if requested.
7. The Founder will document all privacy-related complaints, including copies of any communication with the complainant, their resolution, and any actions resulting from them.
 - a. This documentation must be maintained for a minimum period of six (6) years from the date of final resolution.
 - b. The quality council committee will review the logs to determine if any pattern or systematic problem(s) exist(s), and if so, will take necessary steps to address the problem.
8. There will be no retaliation against any individual or Jones Wellness Center personnel for having filed or assisted in filing of a complaint, or for investigating or acting on a complaint.
 - a. Any personnel who become aware of any such retaliatory action should immediately contact the Founder.
9. All Jones Wellness Center personnel will receive training at the beginning of employment, and annually thereafter, and as needed regarding this procedure.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM 02.01.03
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Security: Use and Disclosure of Information

PURPOSE

To describe guidelines for all of the information to be contained in the client's medical record.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to ensure the collection of uniform PHI data sets to standardize data throughout the organization.

PROCEDURE

1. Jones Wellness Center has an established EMR which indicates the data sets to be collected on each individual served.
2. Jones Wellness Center 's Quality Assurance Department monitors the clinical record for completeness and consistency in the collection of data sets.
3. The results of the QA audits are included in Jones Wellness Center's Performance Improvement Plan.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.02.02.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Standardization of Information

PURPOSE

To describe guidelines for all of the information to be contained in the client's medical record. The purpose of this policy is to describe the mechanism for annual revision of the abbreviation/symbol list.

SCOPE

This policy applies to all clinical staff of Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to follow an approved and unapproved abbreviation list to be utilized by all staff members.

PROCEDURE

1. All abbreviations/symbols and "Unapproved Abbreviations" will be reviewed and approved by the Founder.
2. Each abbreviation or symbol has only one meaning. (See Attached)
3. An explanatory legend is available to all staff authorized to make entries in the medical record as well as staff who need to interpret them.
4. All final diagnosis and/or complications are recorded without the use of abbreviations/symbols.
5. Annual Revisions/Approval Process
 - a. Annually, the Founder will distribute copies of the current abbreviations/symbols to the clinical staff.
 - i. After input has been received from the staff, a list of all suggestions for additions, deletions, and/or revisions will be prepared by the Founder for presentation to the Founder.
 - b. The Founder will review all suggested revisions and ensure that all abbreviations/symbols have only one meaning and determine the final content of the approved list to be used during the next year.
6. Availability of Current List/Legend
 - a. After the revised abbreviations/symbols list is approved, the Founder will file the original list in the Policy and Procedure Manual so it will be available to all appropriate staff.
7. Performance Improvement
8. Annual Review
 - a. As part of the performance improvement program, this policy/procedure will be reviewed and/or revised as necessary, at least annually. Emphasis will be placed on adequacy and appropriateness. Documentation of any revision will be made in the minutes.
9. Monitoring Activities
 - a. Periodically, the Founder will audit current medical records to determine whether they are in compliance with the procedure.
 - b. Documentation of this audit will be completed, and the Founder will be informed of these results.
 - c. Any problems identified will be reviewed and recommendations will be made to ensure improvement and resolution.

Prohibited Abbreviations, Acronyms, Symbols, and Dose Designations

PURPOSE

1. To describe guidelines for all the information to be contained in the client's medical record.
2. To describe what abbreviations should not be used in the medical record.
3. The overall use of abbreviations, acronyms, and symbols is strongly discouraged.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

Jones Wellness Center is committed to client safety. The Do Not Use List may not be documented on orders, medication related documents including handwritten or pre-printed forms used in the medical record. To avoid any potential barriers to communication, the use of abbreviations, acronyms and symbols is strongly discouraged.

PROCEDURE

1. The Do Not Use List is based on the unapproved abbreviation list provided by The Joint Commission.
2. The following abbreviations or symbols have been found to result in a high rate of client safety incidents and are therefore prohibited from use.
3. The Do Not Use List is updated as needed.

Do Not Use	Potential Problems	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
AD, AS, AU	Mistaken as OD, OS, OU	Write "right ear", "left ear", (right ear, left ear, each ear) "each ear"
OD, OS, OU	Mistaken for AD, AS, AU	Write "right eye", "left eye", each eye
QD or Q.D.	Mistaken as q.i.d. especially if the period after the "q" or the tail of the "q" is misunderstood as an "I"	Write "daily" or "every day"
QOD or Q.O.D.	Mistaken as q.d. (daily) or q.i.d (four times daily) if the "o" is written poorly	Write "every other day"
Trailing zero or lacking leading zero	Decimal point is missed – example 1.0 (mistaken for 10)	Write x mg or 0.X mg
MgSO4 or MS	Mistaken for MSO4 (Morphine Sulfate)	Write "Magnesium Sulfate"

MSO4 or MS	Mistaken for MgSO4 (Magnesium Sulfate)	Write "Morphine Sulfate"

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM 02.02.03
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Retrieval, dissemination, transmission of PHI in Useful Formats

PURPOSE

To describe guidelines for the retrieval, dissemination, transmission of PHI in useful formats.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to ensure data and information is retrieved and disseminated in useful formats.

PROCEDURE

1. Jones Wellness Center's clinical records are contained in the EMR. They are retrievable upon demand from the Founder.
2. The intended use of information is considered when developing forms, screen displays, and standards or ad hoc reports.
3. Staff are to contact Jones Wellness Center's Founder to develop forms and ad hoc reports.
4. Dissemination of information is under the provisions of HIPAA.

Accessibility of Information

PURPOSE

To describe guidelines for who may have access to the client record.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

All records pertaining to clients will be made available to those clinicians and Jones Wellness Center employees having responsibility for direct client care.

PROCEDURE

1. Those persons having administrative responsibility for care of the client will have access to the client record such as Founder, Medical Director and clinical staff are empowered to perform utilization review functions.
2. Clinical staff (Founder, Licensed Psychotherapists, etc) and medical staff members (Medical Director, Advanced Practical Nurse, etc) who are responsible for the care of the client may have access to the medical record.
3. Identification of those persons having the record is made by the Founder on the unit by direct inquiry and using an identification badge.
4. The availability of discharged client records are based on the same criteria.
5. Only those staff and students who have reason to review the client's medical record may have access.
6. Active client records will be maintained on site and will be available to authorized personnel and medical staff members as soon as possible but not to exceed 24 hours following request.
7. Should regulatory, accreditation or licensing body request a medical record it will be provided to the personnel:

- a. as soon as possible but not to exceed 2 hours after the time of request, for a current client.
 - b. as soon as possible but not more than four hours from the time of the request if the client was discharged within 12 months from the date of the request.
 - c. within 24 hours from the time of the request if the client was discharged more than 12 months from the date of the request.
8. Client access to their own medical record is discussed in a separate policy.

Client Access to Medical Records

PURPOSE

Describes the process for the client or client's representative to inspect the client's medical records.

SCOPE

This policy applies to all client records within Jones Wellness Center.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. Any adult client, any minor client authorized by law to consent to the treatment to which the record pertains, or any client's representative, is entitled to inspect the client record, obtain copies, or a summary, under the conditions and limitations of its provisions unless contraindicated by the attending provider.
2. Access will not be permitted to aggregate information such as logs and indices of any information, which was given in confidence by anyone other than the client.
3. This applies, for example, to confidential information provided by a family member or other close associate.

PROCEDURE

1. Requests must be in writing on a valid authorization form, generated from Jones Wellness Center, to review and/or receive copies of psychiatric, alcohol drug and/or abuse records.
2. The provider will be notified, and a copy of the written request will be placed in the provider's mailbox.
3. Upon obtaining the provider's written approval to release the records the client will be given an opportunity to review the record in a location specified by Jones Wellness Center along with a qualified health care professional person of his/her choosing.
 - a. Alternatively, the client may designate in writing a health care professional representative to review the records on their behalf.
4. Alternatively, the provider may notify Jones Wellness Center's Health Information Management (HIM) department following receipt of the request that they intend to provide a summary of the requested information.
 - a. Said summary will be dictated for transcription by Jones Wellness Center.
 - b. Summary will include:
 - i. Chief complaint or complaints, including pertinent history;
 - ii. Findings from consultations or referrals to other health care providers;
 - iii. Diagnosis, where this has been determined;
 - iv. Treatment plan;
 - v. Progress of the treatment;
 - vi. Prognoses, including significant continuing problems or conditions;
 - vii. Reports of pertinent diagnostic procedures and tests;
 - viii. Objective findings from the most recent physical examination, such as blood pressure, weight and actual values from routine lab tests, current medications prescribed, including dosage and any sensitivities or allergies to medications prescribed.
5. Requests by clients may be denied by the provider when it is determined that the client's review of the record is contraindicated and the reason for the determination is documented in the medical record by the provider.
 - a. When such a denial is made, Jones Wellness Center will promptly inform the client in writing of its refusal.
6. If Jones Wellness Center denies the request for access, Jones Wellness Center will, to the extent possible, give the client access to any other PHI requested, after excluding the protected health information as to which Jones Wellness Center has a ground to deny access.

- a. As to the information to which access is denied, Jones Wellness Center will, provide a written denial telling the client the basis for the denial, how to exercise the right to appeal the denial (if applicable), and a description of how the individual may complain to Jones Wellness Center pursuant to complaint procedures or to the Secretary of Department of Health and Human Services.
 - i. The description must include the name, or title, and telephone number of the contact person or office designated to receive the complaints at Jones Wellness Center.
- b. If Jones Wellness Center does not maintain the PHI that is the subject of the client's request, and knows where the requested information is maintained, Jones Wellness Center must inform the client where to direct the request for access.

Appealable Denials of Access to Protected Health Information

- 1. Jones Wellness Center may deny a client's right to inspect and/or a copy of his/her own PHI as permitted by law, Jones Wellness Center may only deny access to the medical record where:
 - a. A licensed healthcare professional has determined, in the exercise of good judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
 - b. The protected health information refers to another person and release will cause substantial harm to the other person.
 - c. The request was made by the individual's personal representative and a licensed healthcare professional has determined that providing access to the personal representative is reasonably likely to cause harm to the client or someone else.
- 2. The appealable denials must be reviewed by a licensed health professional (such as the Medical Director) designated by Jones Wellness Center as a reviewing official and who did not participate in the original decision to deny the client access.

Non-Appealable Denials of Access to Protected Health Information

Non-appealable denials to access include:

- 1. Information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding may be withheld (although underlying records may be available to the client).
- 2. Information that may not be released because it is held by a covered entity governed by the Clinical Laboratory Improvements Act of 1998 (CLIA).
 - a. Under the Clinical Laboratory Improvements Act, laboratories are permitted to release information only to persons authorized to have access under state law, which may or may not permit access to clients.
- 3. Information held by a provider acting under the direction of a correctional institution, if allowing an inmate to obtain his/her PHI would jeopardize the safety, security, custody or rehabilitation of the inmate, other inmates, or staff members.
- 4. Information held by a research entity when the individual has agreed, as part of the research protocol, to limit access for the duration of the research project.
- 5. Information to which the individual would be denied access under the Federal Privacy Act.
 - a. Information obtained from someone other than Jones Wellness Center under a promise of confidentiality, where access to the information would be likely to reveal the identity of the source of information.
 - b. Psychotherapy notes.

Release Not in the Best Interest of the Client

- 1. When the client's attending provider or psychologist determines that the release of the client's protected health information is not in the best interest of the client:
 - a. Due to the treatment of the client for a mental disorder
 - b. Is undergoing court-ordered evaluation for treatment of a mental disorder and the attending provider determines that such examination is contraindicated, in which case the provider must note the determination in the medical record
- 2. In releasing records for inspection or copies thereof, the HIM department will abide by the following general policies:
 - a. Access will be Monday through Friday, except holidays. Hours: 9:00am to 5:00pm.
 - b. Charges must be paid in advance for obtaining records.
 - c. Charge service will include, but not be limited to:
 - i. Clerical service in making records available;
 - ii. Copies from the original record;

- iii. Postage for transmittal of copies;
 - iv. Summary alternative preparation;
 - v. Summary alternative transcription preparation.
- d. Medical record personnel will ask for sufficient identification to satisfy themselves as to the person's qualifications and/or identification to review records.
 - e. The review will occur in a quiet location designated by Jones Wellness Center and in the presence of a designated agency representative.
- 3. In addition to personal inspection, any client or client's representative qualified to inspect records will be entitled to copies of all or any portion of said record upon written request.
 - a. All copies will be mailed to the HIM department no later than 30 days following receipt of the written request.
 - 4. This policy will apply to all clients, active and discharged, and will abide by all applicable Texas codes.
 - 5. Any client whose provider has written an order giving the client permission to inspect their record under the supervision of specified, qualified health care professional person (this includes agency staff) may do so without charge to the client and without the need for completion of any special forms.
 - 6. Any client requesting copies of any portion of their records will be referred to the HIM department.
 - 7. "Psychotherapy Notes" are defined in the regulation as:
 - a. notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.
 - b. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items:
 - i. diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Dissemination of Data

PURPOSE

To describe guidelines for all the information to be contained in the client's medical record.

To establish guidelines for documenting and tracking disclosures of protected health information (PHI) to ensure client access to such information is in compliance with federal and state regulations.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

- 1. Employees of Jones Wellness Center will chart all disclosures of PHI to persons or entities outside of the health system and releases made directly to the client.
- 2. Jones Wellness Center will provide to the client, upon request, an accounting of the disclosures of their PHI within HIPAA required timeframes.

PROCEDURE

Charting:

- 1. Any employee disclosing PHI (except for treatment, payment, and healthcare operations purposes) will record that disclosure in the client medical record or within the electronic health information system or in a manner appropriate to their department.
- 2. The record of the disclosure will include:
 - a. Date of disclosure;
 - b. Name and address, if known, of the entity/person who received the protected health information;
 - c. Brief description of the protected health information disclosed;
 - d. Brief statement of purpose that reasonably informs the client of the purpose;
 - e. If multiple disclosures are made to the same entity/person for the same reason, of the same client's protected health information, it is not necessary to document A-D for each disclosure.
 - i. It is acceptable to document the first disclosure, the frequency or number of disclosures made during the accounting period, and the date of the last disclosure in the accounting period.

Providing the accounting:

1. Clients may make a request for an accounting of disclosures for up to six years prior to the date of the request or may request a period less than six years.
 - a. In any case the accounting will only include disclosures made after the effective date of this policy.
 - b. When a client makes a request for an accounting of disclosures, the written accounting for each disclosure must include items A - D above.
2. Jones Wellness Center has sixty (60) days to act on the client's request for an accounting of disclosures.
 - a. One thirty (30) day extension is allowed, but the individual must be informed in writing of the delay, the reason for the delay, and the date the accounting will be provided.
3. Jones Wellness Center must provide the first accounting free in any 12-month period.
 - a. Subsequent requests in the same 12-month period can be charged a reasonable fee based on the organization's costs of providing an accounting.
 - b. Before charging the fee, the organization must inform the client and allow them the opportunity to withdraw or modify the request to avoid or reduce the fee.
4. The Health Information Management (HIM) department will be responsible for receiving the requests from the client.
 - a. Upon receipt of the request, HIM department will print out the accounting log.
 - b. This, along with the chart will be sent to the Founder.
 - c. The Founder will review the medical record paper chart and poll other departments for the following possible disclosures that must be accounted to the client.

Retention of Data

PURPOSE

To describe guidelines for the retainment of data.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to retain the clinical records of the individuals served in compliance with all regulatory requirements.

PROCEDURE

File Closure:

1. Within 48 hours of a client's discharge from Jones Wellness Center Founder is to review the file for all required documentation and note any discrepancies.
2. Within 5 business days of a client's discharge from Jones Wellness Center, the Founder will review the file for all required documentation and note the review of the clinical staff and note any discrepancies.
3. The Founder or designee is to indicate the status of the file as "discharged" in the EMR system.
4. File closure reviews to be incorporated into Jones Wellness Center's continuous quality assurance protocols.
5. Disposal of Records: At the end of seven (7) years from the date of discharge of a client, EMR System notifies Jones Wellness Center and requests approval for disposal.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.03.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Provision of Knowledge-Based Information

PURPOSE

To describe guidelines for the provision of available, current and authoritative knowledge-based information.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

1. It is the policy of Jones Wellness Center to ensure staff have access to current and authoritative knowledge-based information.
2. Current and authoritative knowledge includes but is not limited to the following:
 - a. Oxford Desk Reference Toxicology Guide
 - b. Nursing Reference Guide
 - c. Poison Control Hotline
 - d. Joint Commission Standards
 - e. Texas Department of Social and Health Services
 - f. Texas Department of Behavioral Health Services
3. All staff have hardware and software to access the internet.

TITLE: INFORMATION MANAGEMENT	REFERENCE: IM.03.01.01
REVIEW AND REVISIONS: 09/10/2024	SUBJECT: Provision of Knowledge-Based Information

PURPOSE

The purpose of this procedure is to ensure the completeness and accuracy of all medical records and to meet regulatory requirements.

RESPONSIBILITY

It is the responsibility of the Founder to implement this policy and procedure. It is the responsibility of the Founder to disseminate this information to all their employees.

POLICY

It is the policy of Jones Wellness Center to ensure, at discharge, the medical record will be analyzed for completeness and accuracy using all state, federal and medical staff guidelines.

PROCEDURE

1. Upon discharge the medical record will be analyzed to ensure that all forms and signatures have been obtained and completed.
2. The Founder will email therapist deficiencies/corrections that are needed in the medical record. The Founder will verify corrections and file in the medical record as appropriate.
3. When all client deficiencies have been corrected, the chart will be closed.