# 1900 DEFINITIONS USED IN POLICIES

## Applicable Requirements

Applicable requirements means applicable federal and Ohio law and the contracts between the MR/DD Board and other persons or entities which conform to federal and Ohio Law.

**Business Associate (BA)**

A Business Associate is a person or entity which creates, uses, receives or discloses PHI held by a covered entity to perform functions or activities on behalf of the covered entity. The requirements are set forth more fully in 45 CFR 160.103.

## CAFS

CAFS means the Community Alternative Funding System which is subject to the requirements of OAC Chapters 5101:3-37 and 5123:2-15.

## Covered Entity

Covered entity means a health plan, a health care clearinghouse or a health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA privacy rules.

**Council of Government (COG)**

A Council of Government is a group of MR/DD Boards or other governmental entities which have entered into an agreement under ORC Chapter 167 and are operating in accordance with that agreement.

## Designated Record Set

Designated record set means:

#### A group of records maintained by or for a covered entity that is:

##### The medical records and billing records about individuals maintained by or for a covered health care provider;

##### The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or

##### Used, in whole or in part, by or for the covered entity to make decisions about individuals.

#### For purposes of this definition, the term *record* means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

## Disclosure

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

## HCBS

HCBS means medicaid-funded home and community-based services waiver program available to individuals with MR/DD granted to ODJFS by CMS as permitted in §1915c of the Social Security Act, with day-to-day administration performed by ODMR/DD.

## Health Care Clearinghouse

A Health Care Clearinghouse is a public or private entity, including a billing service, community health management information system or community health information system that does either of the following functions:

#### a.Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.

#### b.Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

## Health Oversight Agency

Health oversight agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

## Health Plan

Health plan means an individual or group plan that provides, or pays the cost of medical care. Health plan includes the following, singly or in combination:

#### a. The Medicaid program under title XIX of the Act, 42 U.S.C. § 1396, et seq.

#### b. Any other individual or group plan, or combination of individual or group plans, that provides ***or pays*** for the cost of medical care.

## HIPAA

HIPAA means the Health Insurance Portability and Accountability Act of 1996, codified in 42 USC §§ 1320 - 1320d-8.

## ICF/MR

An ICF/MR is an intermediate care facility for persons with mental retardation, certified to provide services to individuals with MR/DD or a related condition in accordance with 42 CFR part 483, subpart I, and administered in accordance with OAC Chapter 5101:3-3.

## ISP

ISP means the Individual Service Plan which is a document developed by the ISP team, containing written descriptions of the services and activities to be provided to an individu­al, which shall conform to the applicable require­ments, including, but not limited to OAC §5123:1-2-02, 5123:2-3-17 and 5123:2-12-03. References to the ISP shall include Individual Plans developed in accordance with OAC §5123:2-15-18.

## MOU

MOU means a Memorandum of Understanding between governmental entities, which incorporates elements of a business associate contract in accordance with HIPAA rules.

## Personal Representative

Personal Representative means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in *loco parentis* who is authorized under law to make health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in *loco parentis* has assented to an agreement of confidentiality between the MR/DD Board and the minor.

## PHI

PHI means individually identifiable information relating to the 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.

## Provider

Provider means a person or entity which is licensed or certified to provide services, including but not limited to health care services, to persons with MR/DD, in accordance with applicable requirements. A Covered Provider is a Health Care Provider who transmits any health information in electronic form.

## Public Health Authority

Public health authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

## TCM

Targeted Case Management means an Ohio State Plan Medicaid service that provides case management, including service coordination, services to eligible individuals with MR/DD in accordance with OAC Chapter 5123.

## TPO

TPO means treatment, payment or health care operations under HIPAA rules.

## Use

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

## Workforce Member

Workforce Member means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the MR/DD Board, is under the direct control of the MR/DD Board, whether or not they are paid by the MR/DD Board.

# 1901 GENERAL POLICY ON PRIVACY AND CONFIDENTIALITY

## SOURCES

45 CFR Part 160 and 164 generally

45 CFR 164.504(g) for entities with multiple functions

ORC § 5126.044 Ohio law on confidentiality

OAC § 5123:2-1-02(I)(7) General MR/DD Board confidentiality requirements

OAC § 5123:2-4-01(C)(2)(b) General requirements for MR/DD Board confidentiality policies

OAC § 5123:2-12-02(J)(2) Supported Living requirements for confidentiality policies and standards

OAC § 5123:2-15-01 (C)(6) Habilitation Center/TCM requirements for confidentiality policies and standards

45 CFR 164.502(b)(1) minimum necessary standard

45 CFR 164.502(a)(1)(iii) incidental uses and disclosures

## 1901.1 GENERAL POLICY

The Madison County Board of MR/DD, herein know as MR/DD Board, shall conform to all requirements for privacy and confidentiality set forth in HIPAA and other applicable law. The MR/DD Board shall not use or disclose PHI except in accordance with applicable requirements.

This policy shall apply whether the MR/DD Board is acting as a covered health care provider or a Health Plan under HIPAA. If the MR/DD Board is acting in more than one capacity, the MR/DD Board shall be subject to the requirements applicable to that function and shall use or disclose PHI only for purposes related to the function being performed.

#### a.Treatment, payment and health care operations

The MR/DD Board may use PHI for treatment, payment and health care operations without an individual’s release or authorization to the extent that such activities occur within the MR/DD Board program.

The MR/DD Board shall obtain a release or authorization from the individual for any disclosure for treatment, payment or health care operations when such disclosure is to a person or entity which is not otherwise entitled to receive such information under applicable requirements.

### b.Scope of Disclosure: Minimum Necessary Standard

In general, use, disclosure or requests of records must be limited to the minimum which is reasonably necessary to accomplish the purpose of the use, disclosure or request. The following are exceptions to this general principle:

#### The minimum necessary standard does not apply to disclosures to the individual.

#### When an individual has authorized disclosure, the scope of disclosure shall be in accordance with the authorization.

#### Disclosures required by law or for monitoring purposes shall be made in accordance with the authority seeking the information.

# 1902 ADMINISTRATION

## SOURCES

45 CFR 164.530 administration requirements

OAC § 5123:2-1-02(I)(7) appointment of person responsible for ensuring the safekeeping of records and securing them against loss or use by unauthorized persons.

ORC § 5123.64(A) training in rights

OAC § 5123:2-3-08 staff training in licensed facilities

OAC § 5123:2-5-01(C)(12) training requirements for adult service workers

OAC § 5123:2-5-02(C)(10) training requirements for adult service workers

OAC § 5123:2-5-05(C)(19) training requirements for early intervention workers

OAC § 5123:2-5-07(C)(9) training requirements for investigative agents

OAC § 5123:2-7-01 training requirements for TISC

## 1902.1 PRE-EMPTION ANALYSIS

Follow current practices in general.

Under HIPAA members of workforce whose functions are affected by a material change in the policies or procedures must be trained within a reasonable period of time after the material change becomes effective. §164.530(b)(2)(i).

## 1902.2 POLICY ON PRIVACY OFFICER AND CONTACT PERSON FOR COMPLAINTS

The MR/DD Board shall designate and document designations of the following:

### a. Privacy Officer

The MR/DD Board shall designate an individual to be the Privacy Officer, responsible for the development and implementation of MR/DD Board policies and procedures relating to the safeguarding of PHI.

### b. HIPAA Committee

Each program of the MR/DD Board (***e.g., workshop, adult services, residential services, administration, information systems***, ***SSA***) shall have a HIPAA committee that advises and supports the Privacy Officer. The Superintendent shall appoint the HIPAA committee in consultation with the Privacy Officer.

### c. Contact Person or Office

Each facility or program operated by the MR/DD Board shall designate an individual, position title, or office that will be responsible for receiving complaints relating to PHI and for providing information about the office's, facility's, or program's privacy practices.

# 1903 AUTHORIZATION

## SOURCES

45 CFR 164.508 – HIPAA requirements for authorizations

ORC § 5126.044 – Ohio Statute on confidentiality of records

OAC § 5123:2-1-02(I)(7) – Ohio Rule on confidentiality of records

## 1903.1 PRE-EMPTION ANALYSIS

ORC § 5126.044(B) generally requires a written release prior to disclosure for treatment purposes of an individual’s records maintained by an MR/DD Board. This state law pre-empts HIPAA’s rule which allows release of PHI for treatment without consent or authorization.

ORC § 5126.044(B) pre-empts HIPAA’s rule which allows disclosure of PHI to business associates without a consent or authorization. Under state law, an individual must give a written release for disclosures to persons who are not employees of the MR/DD Board.

HIPAA pre-empts ORC § 5126.044(B)(3) which allows access to PHI to monitor waiting lists by persons who are not employed by a health oversight agency.

## 1903.2 POLICY ON AUTHORIZATIONS

In compliance with 45 CFR Part 164 and Ohio law, all uses and disclosures of PHI beyond those otherwise permitted or required by law require a signed authorization. An authorization which conforms to procedures adopted by the MR/DD Board may be used for use or disclosure of PHI in any situation where an authorization or release of information is required.

# 1904 USES AND DISCLOSURES FOR WHICH NO RELEASE OR AUTHORIZATION IS REQUIRED

## SOURCES

45 CFR § 164.512

ORC § 2151.421(A) Reports of Child Abuse

ORC § 2305.51 Disclosures to prevent harm to 3rd parties

ORC § 2317.02(B) Privilege for physicians, school guidance counselors, licensed social workers and licensed counselors

ORC § 4732.19 Privilege for psychologists

ORC § 5123.19 Licensure activities of ODMR/DD

ORC § 5123.60 OLRS

ORC § 5123.61(C)(1) Duty to report abuse/neglect of persons with MR/DD

ORC § 5126.044 Confidentiality for MR/DD Boards

ORC § 5126.055 LMAA functions of MR/DD Boards

ORC § 5126.31 Case Review and Investigation

OAC § 5123:2-15-10 (G) Access to documentation for CAFS payments

OAC § 5123:2-17-02(B) Incidents adversely affecting health/safety

OAC § 5123:2-17-02(D) Reporting MUIs

OAC § 5123:2-3-04 Monitoring of licensed facilities

Ohio Rules of Civil Procedure Rule 45 Procedures for obtaining a subpoena

## 1904.1 PRE-EMPTION ANALYSIS

In general, MR/DD Boards should follow current practice except that MR/DD Boards must comply with HIPAA requirement for informing individual after disclosure to authority of abuse or neglect, unless exceptions apply. 164.512(c)(2)

There is a question about whether the absence of any of the HIPAA exceptions in ORC § 5126.044 prohibits any of the HIPAA disclosures. Common law, current practice and common sense dictate that the exceptions do exist and that the policies and procedures listed below should be followed.

## 1904.2 POLICY ON USES AND DISCLOSURES FOR WHICH NO RELEASE OR AUTHORIZATION IS REQUIRED

The MR/DD Board may use or disclose PHI without written release or authorization of the individual as follows and as further set forth in the MR/DD Board’s procedures:

#### When required by law.

#### For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices.

#### To protect victims of abuse, neglect, or domestic violence.

#### For health oversight activities such as investigations, audits, and inspections.

#### For judicial and administrative proceedings.

#### For law enforcement purposes.

#### To coroners, medical examiners, and funeral directors.

#### For organ, eye or tissue donation.

#### Research.

#### To reduce or prevent a serious threat to public health and safety.

#### Specialized government functions.

#### For workers’ compensation or other similar programs if applicable.

# 1905 NOTICE

## SOURCES

45 CFR 164.520 (HIPAA rules on notice)

ORC § 1347.08(A)(3) (Personal Information Systems)

## 1905.1 PRE-EMPTION ANALYSIS

HIPAA rules apply.

## 1905.2 POLICY ON NOTICES

The MR/DD Board shall give adequate notice of the uses and disclosures of PHI that may be made by the MR/DD Board, and of the individual’s rights and the MR/DD Board’s legal duties with respect to PHI.

# 1906 INDIVIDUAL RIGHTS RELATED TO PHI

## SOURCES

45 CFR 164.524(e) Individual’s right to access PHI

45 CFR 164.524(b) Time limits on response to access

45 CFR 164.524(c) Form of access

ORC § 5126.044(B)(1) Release

ORC § 1347.08(A)(2) Individual’s right to access records

45 CFR 164.522 individual’s right to request restrictions

45 CFR 164.526(f) individual’s right to request amendment

ORC § 1347.09 Right to amend records with personal information

45 CFR 164.528(d) individual’s right to an accounting of disclosures of PHI

ORC § 1347.08 notice of who has access to personal information

ORC § 5126.044(C) obligation to maintain record of disclosures

## 1906.1 PRE-EMPTION ANALYSIS

### Individual’s right to access PHI

There is no conflict on the general principle of an individual’s right to access PHI. State law pre-empts HIPAA exceptions; there are no limits in state law to an individual’s access.

### Individual’s right to request restrictions

There is no comparable provision in Ohio law.

### Individual’s right to request amendment

Except as noted, HIPAA and state rules are substantially similar and should be followed.

HIPAA requires designation of a person responsible for managing requests for amendment of records with PHI.

HIPAA requirements pre-empt Ohio law in deadline for response to a request to amend a record with PHI. Under HIPAA an MR/DD Board must respond within 60 days of the date of request; a single extension of up to 30 days may be obtained with notice. 164.526 (a), (b) The comparable Ohio section is 90 days to respond. 1347.09(A)(1).

HIPAA notice requirements when there is an amendment are more detailed than Ohio law; HIPAA must be followed. 164.526(c)

### Individual’s right to an accounting of disclosures of PHI

State law and HIPAA must both be followed. Content of accountings must meet HIPAA requirements. HIPAA exceptions to accounting requirements do not apply; ORC § 5126.044(C).

## 1906.2 POLICY ON INDIVIDUAL’S ACCESS TO PHI

In general, an individual has a right of access to inspect and obtain a copy of protected health information about the individual in a designated record set, for as long as the protected health information is maintained in the designated record set, subject to any limitations imposed by applicable law.

Information supplied to an individual is not subject to the minimum necessary standard.

## 1906.4 POLICY ON INDIVIDUAL’S RIGHT TO REQUEST RESTRICTIONS

The MR/DD Board may voluntarily agree to restrict disclosure of information. The MR/DD Board is not required to agree to such restrictions. If there is such an agreement, the MR/DD Board shall abide by the terms of the agreement, unless and until the agreement is rescinded in accordance with MR/DD Board procedures.

An individual may request, subject to conditions set forth in MR/DD Board procedures, that confidential information be conveyed by the MR/DD Board to the individual through alternative means or at alternative locations.

## 1906.5 POLICY ON INDIVIDUAL’S RIGHT TO REQUEST AMENDMENT OF RECORDS OF PHI

Subject to the rules set forth in applicable requirements and MR/DD Board procedures, an individual has the right to have the MR/DD Board amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.

## 1906.8 POLICY ON ACCOUNTING OF DISCLOSURES OF PHI

If the MR/DD Board discloses an individual's identity or releases a record or report regarding an eligible individual, the MR/DD Board shall maintain a record of when and to whom the disclosure or release was made.

# 1907 SAFEGUARDS FOR PHI

## SOURCES

45 CFR 164.530(c)

ORC § 5126.044 Ohio law on confidentiality

OAC § 5123:2-1-02(I) Safeguard requirements for confidential MR/DD Board records

OAC § 5123:2-4-01(C)(2)(b) General requirements for MR/DD Board confidentiality policies

OAC § 5123:2-12-02(J)(2) Supported Living requirements for confidentiality policies and standards

OAC § 5123:2-15-01 (C)(6) Habilitation Center/TCM requirements for confidentiality policies and standards

OAC § 5123:2-3-13(B) Safeguards for records in licensed facilities

## 1907.1 PRE-EMPTION ANALYSIS

HIPAA and Ohio law are consistent.

## 1907.2 POLICY ON SAFEGUARDS

Each program or facility of the MR/DD Board shall adopt and implement appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.

# 1908 INDIVIDUAL COMPLAINTS AND GRIEVANCES

## SOURCES

45 CFR 164.530(d) HIPAA complaint procedures

ORC § 5123.64(A) requires establishment of a complaint procedure

OAC § 5123:2-1-12 administrative resolution of complaints involving the programs, services, policies, or administrative practices of a county board or the entities acting under contract with a county board

## 1908.1 PRE-EMPTION ANALYSIS

Follow current procedures. Individuals must be permitted to file complaint with the Secretary of HHS as well as local complaints.

## 1908.2 POLICY ON INDIVIDUAL COMPLAINTS AND GRIEVANCES

The MR/DD Board shall permit individuals to make complaints about the MR/DD Board’s HIPAA policies and procedures and/or the MR/DD Board’s compliance with those policies and procedures. The MR/DD Board shall document all such complaints.

# 1909 SANCTIONS

## SOURCES

45 CFR 164.530(e)

45 CFR 164.502(j)(1) Disclosures by Whistleblowers

45 CFR 164.502(j)(2) Disclosures by Workforce Members who are Victims of a Crime

No equivalent Ohio requirements on sanctions for breach of privacy requirements. Ohio common law imposes liability for breach of confidentiality. *See e.g.* *Biddle v. Warren Gen. Hosp.* 86 Ohio St.3d 395, 715 N.E.2d 518 (1999).

ORC § 4113.52 Right of employee to report violations of law in workplace

## 1909.1 POLICY ON SANCTIONS

The MR/DD Board shall apply and document application of appropriate sanctions against workforce members who fail to comply with the privacy policies and procedures of the MR/DD Board or applicable requirements.

Sanctions may not be applied to whistleblowers, certain victims of crime committed by individuals served by the MR/DD Board or in a manner which would be reasonably construed as intimidation or retaliation.

# 1910 BUSINESS ASSOCIATES

## SOURCES

45 CFR 160.103 – HIPAA definition of business associate

45 CFR 164.502(e) – HIPAA requirements on disclosure to business associates

45 CFR 164.504(e) – HIPAA requirements for contracts with business associates

45 CFR 164.508 – HIPAA Transition requirements for business associates

ORC § 5126.044 – Ohio Statute on confidentiality of records

## 1910.1 PRE-EMPTION ANALYSIS

### A. Business Associate Agreements

HIPAA requires a business associate agreement with any person or entity that is not a member of the MR/DD Board’s workforce and is receiving or creating PHI on behalf of the MR/DD Board in order to perform TPO activities or tasks on behalf of the MR/DD Board. The BA Agreement must meet the requirements of 45 CFR 164.504(e). Under HIPAA, if a BA Agreement is in place, the BA may receive and use PHI from the MR/DD Board without consent or an authorization.

Ohio law requires a contract between an MR/DD Board and its consultants, contract employees and any other persons or entities hired to perform activities or tasks on behalf of the MR/DD Board. Under Ohio law, having a contract, even one which meets the HIPAA BA requirements, does not alter the requirements for a release prior to disclosure of PHI.

Both HIPAA requirements and Ohio law must be followed – HIPAA requires business associate agreements and Ohio law requires contracts and under some circumstances, authorizations as well for disclosure to BAs. The need for authorization or releases is discussed in section 0.

### B. Disclosure of PHI to the Business Associate

Under HIPAA if a business associate agreement is in effect, no authorization is required from the individual.

Ohio law requires authorizations from individuals prior to the release of any PHI to any person or entity that is not an employee of the MR/DD Board. Ohio law does not clearly state whether the definition of MR/DD Board employee includes consultants and other such individuals performing tasks and activities on behalf of an MR/DD Board.

### C. Creation of PHI by the Business Associate

HIPAA permits a business associate to create PHI on behalf of the MR/DD Board. Ohio law addresses disclosure of confidential information, but not use or creation of PHI. HIPAA rules should therefore be followed.

### **1910.3 POLICY ON BUSINESS ASSOCIATES**

The MR/DD Board shall not disclose PHI to any person or entity under contract with the MR/DD Board without a BA agreement or MOU which conforms to requirements applicable to BA relationships unless such disclosure is otherwise permitted under federal or Ohio law.

### Review of existing contracts

The MR/DD Board shall review all existing contracts and extensions of contracts with any person or entity outside the workforce to determine whether there is a BA relationship under HIPAA.

### Conformity to applicable requirements

The MR/DD Board shall conform to all requirements applicable to BA relationships.

#### If the MR/DD Board has a BA relationship with a COG or other governmental entity, the MR/DD Board shall enter into an MOU which meets HIPAA requirements applicable to BA relationships as well as applicable Ohio law.

#### If there is an existing contract between the BA and the MR/DD Board, the requirements of HIPAA may be met by an addendum to the contract.

### Annual Review

The MR/DD Board shall review all contracts with any person or entity outside the workforce at least annually to determine whether there is a BA relationship and whether the contract meets requirements of HIPAA.

### Violations

If the MR/DD Board knows of a pattern or practice of the BA that amounts to a material violation of the agreement, the MR/DD Board shall attempt to cure the breach or end the violation, and if such attempt is unsuccessful, terminate the agreement, if feasible, and, if not, report the problem to the Office of U.S. Secretary of Health and Human Services.

# 1911 DOCUMENT MANAGEMENT

## SOURCES

45 CFR 164.530(J)

ORC § 5126.044(E) (General records of MR/DD Boards)

OAC § 5101:3-3-20 (L) (ICFs/MR)

OAC § 5101:3-40-01 (ISPs for IO Waiver)

OAC § 5123:1-2-02(J)(8) (Waiver records)

OAC § 5123:1-2-08(R) (IO waivers)

OAC § 5123:1-2-11(P) (HCBS waivers for licensed providers)

OAC § 5123:2-15-01 (C)(6) (Habilitation Center/TCM records)

OAC § 5123:2-15-10 (G)(2) (CAFS records)

## 1911.1 PRE-EMPTION ANALYSIS

State law requires notice prior destruction of an individual’s records which contain PHI. There is no comparable requirement in HIPAA.

## 1911.2 POLICY ON DOCUMENT RETENTION

### 1. Policies, procedures and other documentation required by HIPAA

The MR/DD Board shall maintain written or electronic copies of all policies and procedures, communications, actions, activities or designations as are required to be documented under MR/DD Board policies for a period of six (6) years from the later of the date of creation or the last effective date or such longer period that may be required under state or other federal law, or as set forth below.

### a. Records with PHI and financial records

#### i. The MR/DD Board shall retain all CAFS-related record information and fiscal data for a period of seven years from the date of receipt of payment or for six years after any initiated audit is completed and adjudicated, whichever is longer, and said records shall be available for any partial or full review.

#### ii. The MR/DD Board shall retain all records and forms, including, but not limited to ISPs, necessary to fully disclose the extent of services provided and related business transactions for a period of seven years from the date of receipt of payment, or for six years after any initiated audit is completed and adjudicated, whichever is longer.

#### The MR/DD Board shall retain financial, statistical; and medical records supporting the cost reports or claims for services rendered to residents of ICFs/MR for the greater of seven years after the cost report is filed; if ODHS issues an audit report in accordance with rule 5101:3-3-21 of the Administrative Code, or six years after all appeal rights relating to the audit report are exhausted.

#### The MR/DD Board shall maintain the records necessary and in such form to disclose fully the extent of HCBS waiver services provided, for a period of six years from the date of receipt of payment or until an initiated audit is resolved, whichever is longer.

## 1911.3 POLICY ON DOCUMENT DESTRUCTION

The MR/DD Board shall notify an eligible individual, the individual’s guardian, or, if the eligible individual is a minor, the individual’s parent or guardian, prior to destroying any record or report regarding the eligible individual.

**Madison County Board of MR/DD**

**Policy Manual**

**Chapter 19**

**HIPAA Policy**

**Board Approved: April 24, 2003**

MADISON COUNTY BOARD OF

**MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

POLICY MANUAL

## CHAPTER 19

HIPAA

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