

# Partners in Recovery

POLICY AND  
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):  
R9-20-211. Consumer Records*

**Policy Name: Consumer Records**

**Policy Number: REC - 0011**

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**H.M. Gilbert Jr., Executive Director, PIR**

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**Date**

***Cross Reference(s)***

*General Rules for the Use and Disclosure of PHI; Member Representation; Minimum Necessary Uses and Disclosures of PHI; Authorization to Use and Disclose PHI; Authorization to Disclose PHI form*

***Policy Statement***

Partners in Recovery follow all state and federal requirements for the maintenance of consumer records.

***Purpose***

The purpose of this policy is to set the standards for consumer record content, management and storage.

***Scope***

Partners in Recovery Direct Care Clinics.

***Key Terms***

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

***Standards***

- I. Record Management Standards
  - A. DCCs maintain a single active consumer record that is protected from loss, damage and alteration using locked storage. This consumer record is kept confidential and disclosed only in accordance with laws and regulations and the standards set forth in this policy, and in the *General Rules for the Use and Disclosure of PHI* policy, and the *Minimum Necessary Uses and Disclosures of PHI* policy. Staff use and discussion of consumer PHI is limited to the minimum necessary standard outlined in the *Minimum Necessary Uses and Disclosures of PHI* policy.
  - B. Records are legible and recorded in ink or electronically recorded.
  - C. Records contain entries that are:
    1. Dated and signed by the individual making the entry;
    2. Initialed by the individual making the entry; or
    3. Authenticated by the individual making the entry in accordance with the following:
      - a) The individual who makes the entry uses a computer code;
      - b) The computer code is not authorized for use by another individual; and
      - c) The individual who makes the entry signs a statement that the individual is responsible for the use of the computer code.
  - D. Records are available for review during the agency's regular business hours or at another time agreed upon by the clinical director upon written request by the consumer or the consumer's parent, guardian, custodian, or agent, if applicable, subject to conditions outlined in the *Member Right to Request Access to PHI* policy.

- E. Records do not contain information about another consumer or individual unless the information impacts the consumer's treatment.
  - F. Records are kept current and accurate. They may be amended only by striking out information with a single line that allows the struck information to be read. The amended entry must be signed, initialed, or authenticated as described in subsection above by the individual making the amended entry.
  - G. Except for events occurring in group counseling, which may be photocopies of documents with consumer specific treatment information added, records must contain original documents and original signatures, initials, or authentication.
  - H. Records must be maintained on the premises until; at least, the consumer is discharged. These records must be available and accessible to staff who are providing behavioral health services to the consumer.
  - I. Records must be retained for seven years after the consumer's discharge:
  - J. Records must be disposed of in a manner that protects consumer confidentiality.
  - K. Authorization for release of member records or information must comply with the *Authorization to Use or Disclose PHI* policy and be on a properly executed *Authorization to Disclose form*. This authorization from must be included in the consumer record.
  - L. Progress notes must be documented in the consumer file on the date that an event occurs. Information added after this time must be noted as a late entry.
- II. Consumer records must contain at least the following minimum content:
- A. The consumer's name, address, home telephone number, and date of birth;
  - B. The name and telephone number of:
    - 1. An individual to notify in case of medical emergency;
    - 2. The consumer's medical practitioner, if applicable;
    - 3. The individual who coordinates the consumer's behavioral health services or ancillary services, if applicable;
    - 4. The consumer's parent, guardian, or custodian, if applicable; or
    - 5. The consumer's agent, if applicable;
  - C. The date the consumer was admitted into the agency;
  - D. The following information about each referral made or received by the agency:
    - 1. The date of the referral;
    - 2. The reason for the referral; and
    - 3. The name of the entity, agency, or individual that the consumer was referred to or from;

- E. Whether the consumer is receiving court-ordered evaluation or court-ordered treatment. If the consumer is receiving court-ordered evaluation or court-ordered treatment, a copy of the court order, pre-petition screening (unless the consumer was petitioned on an emergent basis), and court-ordered evaluation must be included in the file;
- F. Documentation of general and, if applicable, informed consent to treatment;
- G. Documentation signed and dated by the consumer or, if applicable, the consumer's parent, guardian, custodian, or agent, indicating receipt of the information provided at admission as required by R9-20-208(G);
- H. The assessment information and updates to the assessment information as required by R9-20-209(E) and (F);
- I. The initial treatment plan as required in R9-20-209(I)(2) and updates, and revisions to the treatment plan as required by R9-20-209(J)(2) and (7);
- J. Results from an additional examination or assessment;
- K. Information or records provided by or obtained from another individual, agency, or entity regarding the consumer;
- L. Documentation of authorization to disclose PHI forms if applicable;
- M. Documentation of requests for consumer records and of the resolution of those requests;
- N. Documentation of the release of the consumer record or information from the consumer record to an individual or entity pursuant to the *Uses and Disclosures of PHI for Treatment, Payment or Health Care Operations* policy;
- O. Progress notes;
- P. Documentation of telephone, written, or face-to-face contact with the consumer or another individual that relates to the consumer's health, safety, welfare, or treatment;
- Q. Documentation of:
  - 1. Assistance provided to a consumer who does not speak English.
  - 2. Assistance provided to a consumer who has a physical or other disability.
  - 3. A consumer's known allergies or other medical condition.
- R. Documentation of behavioral health services provided to the consumer, according to the consumer's treatment plan;
- S. Documentation of medication services or assistance in the self-administration of medication, if applicable;
- T. Medical orders, if applicable;
- U. Date of discharge and discharge summary, if applicable;
- V. Orientation;

- W. Screening for infectious pulmonary tuberculosis; and
  - X. Nursing assessment or physical examination.
  - Y. Documentation of an agency's coordination with or communication to an individual, agency, or entity involved in the provision of treatment or ancillary services to the consumer.
- III. Consumer records and other written consumer-related information that are not maintained electronically must be stored in a locked area or container.
- IV. Consumer records and other written consumer-related information that are maintained electronically are protected from unauthorized access.

***Associated Partners in Recovery Direct Care Clinic Forms & Attachments***

*Authorization to Disclose PHI Form*

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