GREATER COLUMBIA BEHAVIORAL HEALTH, LLC. BH-ASO

Administrative Requirements – Documentation Retention

No: PS603

Document Type:[1] ___ Policy & Procedure _X_ Process Guideline
___ Plan ___ System Description

Adopted: 1/1/2019
Last Reviewed: 3/2/2026
Retired: _____

Revisions: 1/22/2021

Document Scope: (applies to Policy & Procedure only)

X The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.

– The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].

– The requirements herein apply to both GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To establish standards for documentation retention that comply with the Privacy Rules of the Health Information Portability and Accountability Act (HIPAA) provisions.

DEFINITIONS

I. None

POLICY

A. GCBH BH-ASO retains all documentation as described in the Privacy Rules for a period of ten (10) years from its creation or from the date it was last in effect, whichever is later. Documentation is preserved for the appropriate retention period in whatever medium is considered appropriate for each required item.

PROCEDURE

1. The material subject to documentation retention requirements is set out in each individual Privacy Policy. The list that follows summarizes these requirements:
   1.1. The notice of privacy practices, with copies of the notices maintained by implementation dates by version;
   1.2. All policies and procedures, with copies of each policy and procedure maintained through each of its iterations;
   1.3. Workforce training efforts;
   1.4. Restrictions to uses and disclosures of PHI that were granted;
   1.5. The designated record set;
   1.6. Personnel roles related to Privacy Rules – the HIPAA Officer, the person or office designated to receive complaints, the titles of person(s) or office(s) who are responsible for receiving and processing requests for access by individuals, the titles of person(s) or office(s) responsible for receiving and processing requests for amendments and accountings of Protected Health Information (PHI);
   1.7. For each accounting provided to an individual – the date of disclosure, the name and address of entity or person who received the PHI, a description of the PHI

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"
[2]"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

disclosed, a briefly stated purpose for the disclosure, and the written accounting that was provided;

1.8. All signed, written acknowledgements of receipt of the Privacy Notice or documentation of good faith efforts made to obtain such acknowledgement in those cases where a signed, written acknowledgement could not be obtained;

1.9. Any signed authorization;

1.10. All HIPAA/HITECH related complaints received and their disposition;

1.11. Any sanctions against members of the workforce that have been applied as a result of non-compliance; and

1.12. Any of PHI for research made without the individual's authorization and any approval or alteration or waiver of PHI for research in accordance with the requirements of 45 CFR Section164.512(i)(2) and 42 CFR Section 2.52.

APPROVAL

Sindi Saunders — 3/2/2026

Karen Richardson or Sindi Saunders, Co-Directors — Date