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| **MONTCALM CARE NETWORK**  **611 North State Street, Stanton, MI 48888** |  |
| SUBJECT: Integrity and Security of Client  Records | Section: 8230 |
| Effective Date: December 21, 1982 | Revised Date: April 20, 2019 |
| Additional Resource: Compliance, CARF |  |

All information found in case records shall be protected from indiscreet or indiscriminate disclosure or discussion by employees or staff of the Agency. The Director or designee shall be responsible for the processing of requests for case record information and for the security of case records.

1. Access to Electronic Health Records (EHR) shall be only as authorized according to each staff’s roles and permissions as assigned in accordance with each staff’s position. The EHR is accessible only by assigned staff log-on username and password and is otherwise made secure following agency Information System policies and procedures on system security. (Reference Information System policies and procedures.)

1. Copies of records in paper form shall not be removed from the Agency premises unless authorized by court order, subpoena, copies authorized by an approved release authorization and request, or for the purpose of transporting the records for other approved purposes. Staff in receipt of a subpoena shall notify their supervisor immediately; the supervisor will assist as needed in follow up with the order.

Only authorized staff may have paper case documents in their possession for the purpose of meeting the responsibilities outlined in their job description:

* 1. Support Services, i.e., for typing and filing of case information, establishing fees for service, processing release authorizations and requests, etc.;
  2. Therapists and case managers assigned to the case and working with the client or case record;
  3. Consulting clinicians engaged in a case consultation;
  4. Clinical review team, or for quality improvement functions, reviewing the record as a part of these processes;
  5. Supervisory, administrative, and Recipient Rights personnel when necessary to fulfill their job responsibilities.

All paper copy case documents must be filed with Medical Records at the completion of the work day or secured in an office location

Under no circumstances will anyone remove documents from the EHR or in any other way alter a permanent record once documents are finalized unless it is using appropriate practice as set up within the EHR and with documentation as to the specific allowable purpose of the change (e.g., to correct an error). The EHR is set up such that all deletions or changes made to the record are logged, including person making the change, reason for change, and date and time of change.