

Client Records

- ❖ Maintain a secure filing system. If information is maintained electronically, the vendor shall make a hard copy of all files for review immediately upon request of the USPO/USPSO.
- ❖ Segregate defendant/offender files from other vendor records. Keep a separate file for each defendant/offender. Create a separate file when a defendant on pretrial services supervision is sentenced to probation supervision, but continued in treatment with the vendor. You may copy any information relevant from the pretrial services file and transfer it into the probation file, except for information covered under the Pretrial Services Confidentiality Regulations.
- ❖ You are authorized to access criminal history information that have been provided. This information is solely for the purpose of providing services. Any unauthorized re-disclosure of this information may result in termination of this contract and the imposition of civil penalties.
- ❖ Keep all records for three years after the final payment is received, **except** for litigation or settlement of claims arising out of the performance of this agreement, which records shall be maintained until final disposition.

Chronological Records

- ❑ Record all contacts (e.g., face-to-face, telephone) with the defendant/offender including collateral contacts with family members, employers, USPO/USPSO and others. Records shall document all notifications of absences and any apparent conduct violating a condition of supervision.
- ❑ Chronological notes shall be legible and be dated and signed by the practitioner. They must be current.

Client Records – Disclosure

- **Disclose defendant/offender records only in accordance with 42 C.F.R. Part 2, and 45 C.F.R. § 160.201 to 205 and Part 164 .**
- **The vendor shall disclose records only after advising the USPO/USPSO of the request and any exceptions to the disclosure of, or an individual's right of access to, treatment or protected health information that might apply.**
- **Notify the USPO/USPSO immediately upon receipt of legal process requiring disclosure of defendant/offender records.**

Client Records – Disclosure

❖ The HIPAA privacy rule and the drug treatment confidentiality regulations allow disclosure to a state agency legally authorized to conduct oversight of treatment facilities.

Client Records – Disclosure

- A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
 - (i) The health care system;
 - (ii) Government benefit programs for which health information is relevant to beneficiary eligibility;
 - (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
 - (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

Client Records – Disclosure

- 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.*

Client Records – Disclosure

- If the vendor determines that an entity is authorized to have access to treatment records the reviewing entity must “agree” in writing to comply with the limitations on redisclosure and use.**
- See the next page for the Agreement to Limit Redisclosure Form. This is also available in the Forms List.**

(Draft 3/8/07)

**AGREEMENT TO LIMIT REDISCLOSURE AND USE
OF ALCOHOL OR DRUG ABUSE TREATMENT RECORD**

I _____
(Auditor / Inspector / Evaluator)

on behalf _____
of: (Agency or Entity Authorized to Perform an Audit or Evaluation Under 42 C.F.R. § 2.53(a)(1))

agree that patient identifying information disclosed pursuant to an audit or evaluation may be disclosed only back to the program from which it was obtained and used only to carry out an audit or evaluation or to investigate or prosecute criminal or other activities as authorized by a court order entered under § 2.66 of the drug treatment confidentiality records contained in 42 C.F.R. Part 2.

If I copy or remove any records containing patient identifying information, I also agree to maintain the patient identifying information in accordance with the security requirements contained in 42 C.F.R. § 2.16 and to destroy all patient identifying information upon completion of the audit or evaluation.

(Signature)

(Title)

(Date of Signature)