UNIVERSITY PHYSICIANS OF BROOKLYN

POLICY AND PROCEDURE

Subject: QUALITY ASSURANCE RECORDS	**No. HIPAA-22**
	Page 1 of 2
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Approved by: Steve Fuhro Ross Clinchy, PhD Lauren Gabelman William P. Urban, MD	**Standards:** for Privacy of Individually Identifiable Health Information, 45 CFR
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I. PURPOSE

To ensure that protected health information (PHI) collected about patients during quality assurance activities are maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

A. Uses & Disclosures- Minimum necessary guidelines must be followed for uses, disclosures and requests for quality assurance (QA) activities.

1. QA committees must limit the use of unnecessary patient identifiers in QA reports and use de-identified information when possible.

2. QA committee members must return all copies of patient records or QA reports after the committee has conducted its review to a designated committee member who will keep one copy on file for the committee's records and shred all duplicate copies.

3. Members of QA committees must not disclose any patient information unless necessary for conducting the review.

B. QA Record Maintenance

1. Separation from designated record sets- QA records should ordinarily be maintained in the QA Department separate from designated record sets.

Designated record sets include medical records and billing records for which the patient has a right to access. This would apply in the usual circumstance when QA records are not used to make prospective decisions about the treatment or benefits of individual patients. Examples include:

a. Quality control records used to analyze whether quality health services were provided and how those services may be improved for patients in general in the future;
b. Peer review records used to evaluate whether a healthcare provider has violated professional standards or ethics.

2. Inclusion in designated record sets- In the rare situations that QA records are used to make prospective decisions about the treatment or benefits of individual patients, the original record should be maintained in the QA Department and a copy placed in the patient's designated record set.

III. DEFINITION(s)

None

IV. RESPONSIBILITIES

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. PROCEDURE/GUIDELINES

The development of the procedure section is the responsibility of the respective department. It is dependent upon the unique needs of each department's operating structure and shall be advanced and customized accordingly.

VI. ATTACHMENTS

None

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
12/07	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2013	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2016	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
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