

PROCEDURE NO. 2-6-2

ISSUED: 11-22-00  
REVISED: 02-07-25  
REVIEWED: 02-07-25

SUBJECT: Content, Security and Access of Individual Records

PURPOSE: To carry out the mandate of Office of Program Services Policy No. 2

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## A. CONTENT

1. A paper record will be maintained for each individual in a central records location, for one year correlating with that individual's ISP year. At the end of the ISP year, most of the material will be transferred into a permanent historical record as indicated on the index.

A computer record will be maintained for each individual on the Therap program. Information on this program will include personal information, objective information, daily notes and risk assessments and health information..

The Program record will consist of: Personal Information, consents, the Individual Plan, Assessments, Miscellaneous information and exit/discharge information. Medical information will be maintained in a separate folder in the Health Services Records Room.

If the individual receives services from more than one program through Woodhaven, the paper and Therap record will encompass both programs.

Each home and Day Program has access to Therap records for objective information, daily notes and risk assessments and health reporting (such as vitals, blood pressure, etc)..

2. The Program Manager is responsible for the upkeep of the main record. The Program Manager can modify the index by noting the change, addition or deletion directly on the index filed with the individual's record.
3. All entries in the record shall be:
  - a. Legible, either written or typed in black ink.
  - b. Dated
  - c. Authenticated by the signature and identification of the individual making the entry.
  - d. Any errors should have a single line through them and initialed by staff making the error.
4. All entries need to occur in a timely manner.
  - a. Daily documentation: Anecdotal notes; documentation of critical incidents and objective documentation needs to occur by the end of the shift.
  - b. The Home Coordinator/Day Program Coordinator shall complete a monthly review of the individual program by the 10th of the following month. The report will be reviewed by the Program Manager and Service Coordinator by the 25<sup>th</sup> of the month.
5. Records are maintained by the agency for seven years and then destroyed.

- B. **SECURITY** - The main program records will be in a locked room. Only Program Directors, Program Managers, Home Coordinators, Administrative and Quality Assurance personnel will be provided with a keypad code for access to records. Program Managers, RN and Administrative Quality Assurance personnel will have access to a keypad to the Health Services Records Room..  
Therap access is determined by the job title of the employee. All Therap access is password protected for each employee.

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An access log will be maintained in both Health Services and the Records room so that the location of the record is known at all times. When the record is removed from either records location, the date and time removed will be recorded by the person removing the record. Date and time will be recorded when the record is returned.

- C. **ACCESS** – All use of the main record is to be documented on the access log maintained in the central records location. Home Coordinators, Program Managers, Director of Programs and the Health Service staff will not be required to sign the access log if filing material while in the records location. If the books are removed from the room for filing, the guidelines in the SECURITY section will be followed.

Personnel of this facility, if necessary to the performance of their duties, may review and make entries into the record without the need of further authorization.

Use of the in-home record by anyone other than the Direct Support Professionals, the Home Coordinator or Program Manager for that home is to be documented on the access log maintained in the front of the record.

If the individual served or guardian expresses interest in viewing their record, assistance should be provided by the Program Manager or Home Coordinator in locating and understanding the information desired.

Service Coordinators assigned by the placing agency and representatives of licensing, accrediting organizations and consultants assisting with the accrediting process may review the record without the need of further authorization. They will still need to sign into the access log.

If other persons (i.e. parents that are not guardians, attorneys, representatives of other agencies, etc.) request to view an individual's record, instruct them to obtain a "Release of Confidential Client Information" form. The signed form must be on file in the individual's record prior to viewing by non-authorized individuals or the duplication of any written information. When a release has been granted to view the record, the Program Manager or designee will view the record with the requesting party. The completed release is then filed in the individual's record.

A "Release of Confidential Client Information" shall be obtained from the individual served and/or that person's guardian. This type of consent must state both the purpose of the information and what information is to be released. The consent is valid for ninety (90) days unless the person authorizing the consent specifies a date on the release form, upon which the release expires. After the specified date, an updated release must be obtained before further access to that individual's record will be permitted.

The "Release of Confidential Client Information" form shall be obtained at any time that the individual will be utilizing a community resource that requires any release of documents from that individual's record. After an initial release has been signed for a particular community resource, it will not be necessary to complete additional release forms for related information during the approved time span on the initial release. However, should an individual served by Woodhaven choose to change doctors, dentists, physical therapists, etc. or begin receiving services from any community resource that has not been granted prior approval for access to documents contained in that individual's record, a "Release of Confidential Client Information" will be obtained as stated above prior to any release of those documents.

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Only records that are generated by Woodhaven staff can be duplicated. Information in the record that is provided by another agency or professional (i.e. psychological evaluation, physical therapy consultation...) must be secured from that original source.

Any duplication or dissemination of the record will be supervised by the Program Manager, Home Coordinator or designee.

Approved by: \_\_\_\_\_  
Director of Residential & Community Services

Date: \_\_\_\_\_

Attachment: Release of Confidential Information Form  
Individual Program Index Schedule  
Record Sign Out Sheet

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**WOODHAVEN  
AUTHORIZATION FOR RELEASE OF  
CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize and request  
\_\_\_\_\_ to release the information specified below  
Name/type of facility  
Of \_\_\_\_\_ / / \_\_\_\_\_  
Date of Birth  
who received evaluation, care, treatment (habilitation or rehabilitation) from the above mentioned facility  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Please furnish the specified information to:

\_\_\_\_\_  
Name of Agency or Individual  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code

The purpose of this information is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The specific information to be disclosed is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent may be revoked at any time, but this will not effect actions that have already been taken before revocation of consent. This consent (unless expressly revoked earlier) is valid for a period not to exceed ninety (90) days and shall expire on:

\_\_\_\_\_  
Specify date, event or condition upon which it will expire

\_\_\_\_\_  
Individual / / \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent if Minor or Guardian / / \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness \_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness \_\_\_\_\_  
Relationship

Date: \_\_\_\_\_ Date: \_\_\_\_\_