

Title:	Original Issue Date:	Subsequent Review Dates:
Client Records Policy and Procedure	May 30, 2022	

## I. Purpose:

To ensure record keeping practices are adhered to that are consistent with regulatory requirements and current practices.

## II. Policy:

It is the policy of Focus Counseling to maintain records on all clients that are consistent with regulatory requirements and current behavioral health practices.

## III. Procedures:

- 1. Records will be protected at all times from loss, damage, or alteration.
- 2. All records will be confidential except as provided for by other policies of Focus Counseling that relate to the release of confidential information.
- 3. All records will be legible and recorded either electronically or in ink.
- 4. All records will be signed by the individual making the entry or authenticated by the individual making the entry by either a signature of the individual making the entry with an explanation and/or by a lawful electronic signature.
- 5. All records will be available for review during the agency's normal hours of operation or at another agreed upon time unless in conflict with the agency's policy of Release of Confidential Information.
- 6. Any amendments to the client records will be accomplished by:
  - a. The information to be amended will be amended by striking out the information with a single line that allows the information to be read
  - b. And, the amended entry will be signed, initialed, or authenticates as described in other sections of this policy
  - c. Or in the case of electronic records, the note will be amended within the electronic records system with a notation of the amendment and reason for amendment by the individual amending the record.



- All client records will contain original documents and original signatures, or approved electronic signatures, as described elsewhere in this policy.
- 8. Group counseling notes may contain photocopies of original documents but with client specific information only added.
- 9. Current records will be maintained on the premises of the agency, in a locked area.
- 10. All records will be accessible to authorized staff only.
- 11. All records will be retained after the client's discharge with the following guidelines
  - a. for a client who is an adult-for seven (7) years after discharge; or
  - b. for a client who is a minor- for seven (7) years after discharge or for at least three (3) years after the date of the client's 18<sup>th</sup> birthday, whichever is a longer period of time
- 12. The records will be stored in locked cabinets until the required years of retainment. The records will then be destroyed by shredding and an administrative notation stating the real time year of record elimination filed in the administrative file for record destruction.
- 13. All assessment information will be documented within ten (10) days of the date of the assessment and placed in the client electronic and hard file. If the ten (10) day timeframe is not possible, clear written documentation of why must be documented in the client file.
- 14. Any and each act associated with eh client (group, or individual) shall be documented on the Client Progress Note and each note must:
  - a. Document service provided in accordance with the treatment plan
  - b. Progress made towards specific goals and objectives
  - c. Client involvement level
  - d. Client behavior
  - e. Significant events
  - f. Length of time of service
  - g. Written within ten (10) days of the event
  - h. Dated and signed with credentials
  - i. Group notes may not be grouped together with one signature; each note must contain a signature that belongs only to that specific note
  - j. Must indicate the level of service provided, such as individual, group, or family.



- 15. Treatment plans will be updated at least every six (6) months, or sooner if clinically necessary, during which services are provided.
- 16. Client records will be retained according to the provisions of the Privacy Act of 1974. All persons viewing the file must state reason and sign and date their need for access to any client file.
- 17. Focus Counseling shall ensure that all electronic client records/information are stored on a protected network/drive or device. All mobile devices or electronic storage media may be used for temporary storage if the data is encrypted, and the device is password protected. Focus Counseling shall ensure devices or media contain passwords and automatically log-off; and with the security of the device or media to prevent unauthorized access, tampering, loss, or theft; and must be current patch management functionality, firewall and virus protected software.
- 18. The agency owner is the only person responsible for the dissemination of agency files; and these client files are to be disseminated as mandated by all federal, state, and local laws regarding confidentiality including but not limited to the HIPAA and regulations there under.
- 19. Client information will only be released upon completion of the agency Release of Information form; which is kept in the client file and which indicates name of the person or agency to receive the information; the specific information requested; the date the release expires; and shall be signed by the client and/or client parent/guardian; and shall abide by all of the Focus Counseling Policy & Procedures regarding client release of information
- 20. Should the Owner become incapacitated; the Executor of the Professional Will shall access client records in order to provide continuity of care and or referrals to an available counselor for services. If the agency is sold, the Owner shall continue to maintain all records that occurred under her authority as mandated by the Board of Behavioral Health.

Approval Signature:	SL LPC, CCTP, CCTSI, CTMH	Date: 05-30-22
	LPC, CCTP, CCTSI, CTMH	