

**CREVE COEUR SCHOOL DISTRICT NO. 76
HEALTH BENEFIT PLAN**

**POLICIES AND PROCEDURES
FOR MAINTENANCE AND DESTRUCTION
OF PROTECTED HEALTH INFORMATION**

The Creve Coeur School District No. 76, as the Plan Sponsor and the Plan Administrator of the Health Plan Benefit Plan, on behalf of the Plan, hereby adopts the following Policies and Procedures that shall be instituted and followed by the Plan with regard to the maintenance and destruction of protected health information:

1. Defined Terms. The following terms shall have the meanings set forth below when used in this document:

“**HIPAA**” shall mean the Health Insurance Insurance Portability and Accountability Act of 1996, as amended.

“**Plan**” shall mean both the Creve Coeur School District 76 Health Benefit Plan.

“**Plan Administrator**” shall mean Creve Coeur School District No. 76.

“**Plan Sponsor**” shall mean Creve Coeur School District No. 76.

“**Privacy Official**” or “**Privacy Officer**” shall mean the Superintendent who has been designated as such by the Plan Administrator.

“**Privacy Standards**” shall mean the Standards for Privacy of Individually Identifiable Health Information enacted pursuant to HIPAA.

“**Protected Health Information**” or “**PHI**” shall mean individually identifiable health information, as more specifically defined in the Privacy Standards.

“**TPO**” shall mean treatment, payment and health care operations, as more specifically defined in the Privacy Standards.

2. Compliance with the Privacy Standards. The Plan at all times shall comply with the Privacy Standards regarding document retention. In the event the Privacy Standards are amended, these Policies and Procedures shall be deemed to be amended in accordance therewith.

3. Specific Procedures for Compliance. The Plan shall retain the documentation listed below in Item 4 for six (6) years from either the date it was created or the date it was created or the

date it was last in effect, whichever is later. Such documents shall be retained either in written or electronic form. If documentation is retained in electronic form, the Plan shall comply with requirements of the Privacy Standards and HIPAA, at a minimum, and shall ensure that:

- a. The record keeping system has reasonable controls designed to ensure the integrity, accuracy, authenticity, and reliability of the electronic records;
- b. The electronic records are maintained in reasonable order, in a safe and accessible place, and are capable of being readily inspected or examined;
- c. The electronic records are readily convertible into legible paper copies; and
- d. Adequate records management systems are established and implemented, to ensure that documents are labeled adequately and stored securely, backup electronic copies are made and paper copies are kept for records that cannot be clearly, accurately and completely transferred to electronic media.

In the event that the documents are maintained electronically by a third party, the Plan Administrator shall ensure that such third party complies with such requirements.

4. Documentation to be Retained. The following documents shall be retained as set forth above in item 3:

- a. Plan Document and summary plan description;
- b. Policies on PHI uses and disclosures
- c. "Minimum necessary" policies and procedures, including protocols for PHI use, routine disclosures, and requests;
- d. All signed authorization;
- e. The Plan's privacy notice;
- f. Documentation regarding the following Individual rights;
 - i. Right to request amendment of PHI
 - ii. Right to an accounting of disclosures of PHI
 - iii. Right to inspect and obtain copies of PHI
 - iv. Right to request restrictions on uses and disclosures of PHI; and
 - v. Right to request confidential communications of PHI
- g. Records of PHI disclosures that are required to be accounted for under the Privacy Standards, which must be made available to an individual for six (6) years after the request date;
- h. All Individual complaints and their outcomes;
- i. Records of any sanctions imposed in connection with non-compliance with the Privacy Standards;
- j. Records on any PHI use and disclosure for research purposes, as allowed with authorization under the Privacy Standards;
- k. Business Associates Agreements;
- l. Employee training manuals and procedures; and

m. Plan Sponsor certifications to the Plan regarding Plan amendments and firewalls.

- 5. **Business Associates.** If the Business Associate provides notice to the Plan Administrator that the return or destruction of PHI in its possession is infeasible, upon mutual agreement between the Plan Administrator and the Business Associate, the Business Associate shall extend the protections of the Business Associate Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such PHI
- 6. **Effective Date.** This Policy shall be effective on April 14, 2004, and shall be therefore implemented by the Privacy Officer. Accordingly, the School District, as the Plan Sponsor and the Plan Administrator, has executed this Policy as of the effective date set forth below.

Effective the 14th day of April, 2004.

Superintendent: _____

Attest:

Bookkeeper: _____

Adopted June 2004

