Policy Statement

To identify components of the patient’s designated record set as required by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as outlined in 45 CFR, Parts 160 and 164. The patient’s designated record set will serve the underlying purpose of HIPAA, which is to provide the patient access to information on which care or payment decisions are being based. The designated record set will include records kept in any medium, i.e. paper or electronic.

Scope and Distribution

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC. It does not apply to inmates seen or treated by TTUHSC.

Definitions

Refer to HPP 1.1 for Glossary of HIPAA Terms

Procedure

TTUHSC has designated the following as components of its Designated Record set:

a) Primary Medical Record

Primary medical records are defined as the information needed for patient care, the unbiased chronological report of the patients direct care/treatment in the health care facility generated by or at the request of a physician or other health care provider at TTUHSC, including but not limited to:

1) Reports of relevant physical examination;
2) Diagnostic and therapeutic orders;
3) Clinical observations;
4) Reports of procedures, tests and results;
5) Conclusions/plans at the termination of evaluation/treatment;
6) Correspondence to or from health care providers;
7) Prescription information.

b) Billing Records

Billing records are defined as the information maintained by TTUHSC in its electronic billing system which relates to the activities conducted by TTUHSC to receive payment for the health care services it provides.
c) **Exclusions from the Designated Record Set**

Secondary Records are defined as information, which is not part of the Designated Record Set, but may be filed in the physical medical record folder for convenience.

These records include, but are not limited to:
1) Copies of medical records/reports from another health care provider or institution that were sent to TTUHSC for consultation services;
2) Letters to and from the individual;
3) Requests and correspondence from insurance companies not responsible for the payment of the individual’s account;
4) Correspondence to and from any attorney or record service;
5) Correspondence/reports generated by clinic personnel sent out on behalf of and at the request of the individual;
6) Audit, survey or research information;
7) All other entries which are not part of the official health record, specifically that do not contain details of direct patient care/treatment made by TTUHSC workforce members in the regular course of business at or near the time treatment was provided.

This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or at the [Texas Tech University Compliance Hotline website](#).

**Approval Authority**

The TTUHSC Privacy and Security Committee has authority for HIPAA policy approval.

**Responsibility and Revisions**

Questions regarding this policy may be addressed to the Regional Privacy Officer (Amarillo, El Paso, Permian Basin Lubbock), the Institutional Privacy Officer, or the Institutional Compliance Officer.

This policy may be amended or terminated at any time.