UNM HEALTH SCIENCES CENTER

Applies To: **All HSC Hospitals, UNMCC**
Responsible Department: HIM
Revised: 10/2013

Title: **Designated Record Set**	**Procedure**

Patient Age Group:	( ) N/A	(X) All Ages	( ) Newborns	( ) Pediatric	( ) Adult

DESCRIPTION/OVERVIEW

This procedure will define the designated record set (DRS) that individuals have the right to request access to and amendment of their protected health information in the DRS according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule.

REFERENCES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
HSC Policy- Use and Access of External Medical Records

AREAS OF RESPONSIBILITY

All staff/departments

PROCEDURE

1. The designated record set (DRS) includes both the medical and billing records of the healthcare services provided to an individual in any aspect of healthcare delivery by the UNMHSC. Examples of types of documentation that comprise the designated record set (DRS) physically exist in separate and multiple paper-based records or electronic/computer-based records (see examples listed below).
    - 1.1 Advance directives
    - 1.2 Anesthesia records
    - 1.3 Care plan
    - 1.4 Consent for treatment forms
    - 1.5 Consultation reports
    - 1.6 Discharge instructions
    - 1.7 Discharge summary
    - 1.8 E-mail containing patient-provider or provider-provider communication
    - 1.9 Emergency Department record
    - 1.10 Functional status assessment
    - 1.11 Graphic records
    - 1.12 Immunization record
    - 1.13 Intake/output records
    - 1.14 Medication orders
    - 1.15 Medication profile
    - 1.16 Minimum data sets
    - 1.17 Multidisciplinary progress notes/documentation
    - 1.18 Nursing assessment
    - 1.19 Operative and procedure reports
    - 1.20 Orders for diagnostic tests and diagnostic study results (e.g. laboratory, radiology, etc.)

1.21 Patient-submitted documentation
1.22 Pathology reports
1.23 Practice guidelines or protocols/clinical pathways that imbed patient data
1.24 Problem list
1.25 Records of history and physical examination
1.26 Respiratory therapy, physical therapy, speech therapy, and occupational therapy records
1.27 Selected waveforms for special documentation purposes
1.28 Telephone consultations
1.29 Telephone orders
1.30 Outpatient clinic logs
1.31 Emergency Services logs
1.32 Other records used, in whole or in part, to make decisions about the patient, including records and reports from outside health care providers.

2. The designated record set (DRS) does NOT include information used for operational purposes of the UNMHSC. Examples are:
   2.1 Quality improvement data,
   2.2 Psychotherapy notes,
   2.3 Information which was created as part of a research study to which the patient has temporarily waived right to access.
3. The DRS is a legal document and patients cannot remove any of its content or write in it.

SUMMARY OF CHANGES

Replaces "Designated Record Set", last revision 6/2012.

RESOURCES/TRAINING

Resource/Dept	Contact Information
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DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	ED, Health Information Management		
Consultant(s)	Sophia Collaros, HSC HIPAA Privacy Officer		
Committee(s)			N/A
Legal	HSC Legal Counsel		Y
Official Approver	Ella Watt, CFO		Y
Official Signature		Date:10/8/2013	
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