

Records Retention

It's hard to keep track of what needs to be kept secure and what doesn't, and when/how to dispose of documents, such as students' test results, rosters and emails. Please use these resources to help guide you. If you have any questions, please don't hesitate to reach out to ITS (757-683-3192) for guidance.

- The state policy for records retention and disposal: Schedule as well as the manner in which they should be disposed. Everything is addressed from advising notes to faculty evaluations to course evaluations to letters of reference to IRB approval letters to research notes and more! http://www.lva.virginia.gov/agencies/records/sched_state/GS-111.pdf
- Attached is records retention information for clinical practices on campus.
- Regulated Data Guidelines are here, <https://www.odu.edu/ts/security/regulated-data> , and the storage matrix is on this page (https://itsapps.odu.edu/storage_options/).
- In addition, there is information on the Software Decision Analysis here, <https://www.odu.edu/ts/security/risk-assessment/software-decision-analysis>. The University Policy included some detail about what is included in software decision analysis, <https://www.odu.edu/about/policiesandprocedures/university/3000/3509> , and the SDA Guideline includes information about exceptions, <https://www.odu.edu/about/policiesandprocedures/computing/standards/08/01/01> .

Clinical Guidelines

Clinic faculty, staff members, and students are responsible for maintaining the confidentiality and security of client records. These guidelines specify appropriate client data and record handling and disposal procedures to be used by faculty, staff, and students to safeguard this information.

RECORD ACCESS

Only ODU clinical faculty and designated staff are allowed to access client records without prior client written authorization or unless the purpose falls within the scope of allowable disclosures under HIPAA (i.e., treatment).

All clinic client information is considered confidential and ***only the information needed for the intended purpose*** should be used by, and disclosed to, covered staff members who have a “**need to know**” (i.e., Minimum Necessary). A clinic staff member with a “**need to know**” is defined as someone who needs the information because the information is directly related to the duties and activities the person is required to perform as described in their job description. Without such information the staff member would not be able to carry out these functions.

Clinic employees who are clients of the clinic or who have dependents, family members, co-workers, or friends who are clients of the clinic must follow standard procedures, applicable to all clients, for accessing their own client information or the client information of their dependents, family members, co-workers, or friends. A copy of the medical record should be requested through the clinical supervisor who is overseeing the case. If the request is made by someone other than the client, either a Release of Information form would need to be present in the file, form indicating participation in healthcare

decisions or payment for healthcare, or a power of attorney indicating that the employee is the client's representative.

Faculty members, staff, and clinicians may not discuss client information with their friends, family members, spouses, religious leaders, or any other individual unless allowable by HIPAA (i.e., have knowledge that an individual is participating in healthcare decisions or payment for healthcare for the client, or a power of attorney indicating that the employee is the client's representative.)

Patient information is protected by law and the standards of medical ethics. Inappropriate use or disclosure of clinic individually identifiable health information will be reported to the Clinic Coordinator and to the Graduate Program Director. Student clinicians may be subject to disciplinary action up to and including dismissal from the program if they violate HIPAA policies and procedures. HIPAA violations may be reported to the ODU Honor Council for disciplinary action.

Documents containing PHI should not be left in open areas or on desks where they can easily be seen by passersby. Documents with PHI must be secured in the designated location in the clinic for client files.

MAILING OF DOCUMENTS

When documents are mailed via campus mail or via external mail carrier, no classification marking should be used to indicate the contents of the envelope and the envelope should be sealed in such a way that tampering would be indicated upon receipt.

DISPOSAL OF RECORDS

All information listed in a client's clinic record will be maintained for a minimum of 10 years. The clinic coordinator will oversee review of the records to determine eligibility for disposal. Confidential destruction of client records (paper and electronic) will be completed according to university policies and procedures. Video/audio recordings stored in the CORS system are HIPAA compliant and are not a part of clients' medical records. The recordings document data collection for clinical training and research purposes. The retention schedule for CORS recordings is 5 years after last action. Confidential destruction of CORS recordings will be completed according to university policies and procedures. Clinical faculty, staff, and clinicians will never copy or download files containing PHI (paper records, video recordings, etc.) to an unencrypted laptop or mobile device (e.g., FLASH drives). Records on encrypted devices will be erased every semester by the clinic coordinator and in accordance with university policies and procedures.

SOCIAL MEDIA

The ODU Speech and Hearing Clinic has adopted the following guidelines regarding social media as it relates to HIPAA:

- Clinical faculty, staff and graduate clinicians must understand their legal and ethical obligation to maintain clients' privacy and confidentiality rights in the clinic and on social media.
- Clinical faculty, staff and graduate clinicians must avoid transmitting client information or images that could infringe upon clients' rights to confidentiality or privacy. This is particularly important regarding information or images that clients may find embarrassing or offensive.
- Clinical faculty, staff and graduate clinicians should avoid posting pictures or information regarding clients, even if the clients' names are kept anonymous, as this information could be used to identify the clients. This includes posting to social media accounts and sharing with friends via text or email.

- Clinical faculty, staff and graduate clinicians absolutely must not identify their clients by name on social media or post any information that may lead to identification of a client. Even limiting access to your posts via privacy settings does not sufficiently ensure safety in the eyes of the law.
- Clinical faculty, staff and graduate clinicians should avoid referring to clients in a disparaging manner online, even if they do not identify these clients.
- Taking photos or videos of clients on personal devices like smartphones should be avoided.
- With regard to sharing work-related posts and information online, clinical faculty, staff and graduate clinicians should consult with the clinic coordinator or program director.
- Even if clients consent to having pictures or other information about themselves shared online, clinical faculty, staff and graduate clinicians should exercise caution. Before posting anything, clinical faculty, staff and graduate clinicians should consult with administration.
- Clinical faculty, staff and graduate clinicians have an obligation to report breaches of confidentiality or privacy by other employees.
- "Friending" clients on social networking sites [may be a violation of the proper boundary](#) between clinical faculty, staff and graduate clinicians. Clinical faculty, staff and graduate clinicians should exercise caution in connecting with clients online.
- Clinical faculty, staff and graduate clinicians should read and understand the clinic's social media policy.

Information copied and modified for the ODU Speech and Hearing Clinic from *Purdue's SLHS Audiology and Speech-Language Clinics Protected Health Information Data Handling and Disposal Guidelines* and *Medcom Trainex website*
<https://www.medcomrn.com/index.php/articles/hippa-social-media-and-the-healthcare-worker-safeguarding-client-data>