

RECORD KEEPING

Records must be maintained in an organized and standardized format and comply with accepted medical record keeping standards. All records must be retained for a period of six (6) years from the date the beneficiary was last treated. In the case of an audit, the records must be maintained until the audit is complete, even if the six (6) years are exceeded.

Refer to Section 1.1: Provider Requirements of the General Information and Administration provider manual for more information regarding record keeping.

Content and Organization of the Medical Record

The records must contain sufficient information to identify the beneficiary, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes, but is not limited to, the following:

1. Personal data;
2. Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment;
3. Scheduled follow-up visits when necessary;
4. Telephone encounters of a clinical nature;
5. Documentation of continuing care, referral, and follow up;
6. Signed informed consent;
7. Signed refusal of services;
8. Allergies and drug reactions; and
9. Entries by counseling and social service staff.

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Records must be:

1. Systematically organized, complete, legible, and accurate;
2. Signed by the clinician (name, title, and date);
3. Readily accessible immediately upon request by authorized state and federal agencies or their authorized representatives, including, but not limited to, the Louisiana Department of Health, the Louisiana Department of Justice's Medicaid Fraud Control Unit and the U.S. Department of Health and Human Services;
4. Supportive of the services provided;
5. Confidential, safeguarded against loss or use by unauthorized persons; and
6. Available for review upon the beneficiary's request.

Confidentiality and Release of Records

Providers must:

1. Maintain a confidentiality assurance statement and HIV information according to state law and be kept separate whenever possible;
2. Have the beneficiary's written consent for the release of personal identifiable information, except as may be necessary to provide services or as required by law; and
3. Comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations and other applicable state and federal laws.