

BHS Policies and Procedures



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **Restrictions of Psychotherapy Notes and Informal Memory**

Prompts

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Date: February 1, 2017

Manual Number: 3.06-05

References: HIPAA, 45 CFR Part 164,
section 164.501, 164.502(a)(2)(ii),
164.506, 164.164.508(a)(2) and
164.508(b)(3)(ii)

Technical Revision. Replaces Policy 3.06-05 of February 10, 2009.

Purpose:

The purpose of this Policy on Restrictions of Psychotherapy Notes and Informal Memory Prompts is to provide guidance regarding limitation of creation, use, and the subsequent maintenance of such notes separate and apart from the medical record, and to describe the proper means to destroy any notes that include any Protected Health Information.

Scope:

This policy covers psychotherapy notes (clinical content maintained outside the medical record) and the informal notes (“memory prompts”) made during a counseling session by behavioral health providers for their own use in creating the progress note for the chart. It does not cover any progress notes or other materials that are made part of the client's regular medical record.

HIPAA defines psychotherapy notes as notes recorded in any medium (e.g., dictated, paper, electronic) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. All of these items, should be, and are, part of the regular medical record.

For the purpose of this policy, “memory prompts” are defined as informal notes taken by the clinician strictly to aid the recollection of session contents for use in writing a formal note. Memory prompts are defined separately from psychotherapy notes.

Policy:

The policy of San Francisco Behavioral Health Services prohibits the use and maintenance of psychotherapy notes, whether on paper or in an electronic record, as described in the Scope section.

Any other notes used to help remember content for use in writing formal progress notes is prohibited from being entered into the Electronic Health Record.

Informal memory prompts written to assist in remembering content for use in writing a formal progress note are allowed, but should either include NO individually identifiable information or be properly destroyed immediately after they have been used by the provider to create a proper progress note or other medical record entry. Any purging of those notes must follow acceptable standards for records destruction (e.g., shredding, electronic scrubbing, burning, etc.). If there is a breach of privacy involving psychotherapy notes or memory prompts, the individual provider shall be liable for any harm to the client.

Contact Person:

Clinical Compliance Auditor, Office of Compliance and Privacy Affairs

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