UMPQUA COMMUNITY COLLEGE

ADMINISTRATIVE PROCEDURE

TITLE: Mental Health Records and Documentation

ADMINISTRATIVE PROCEDURE # 5111

RELATED TO POLICY # 5110 Campus Mental Health Services

1. Content of Mental Health Treatment Records

A student's mental health treatment records will contain information gathered in the course of providing mental health services, including but not limited to the student's personal situation, professional assessment of risk, symptoms that are causing disruption in their education, plans and interventions geared towards improving those symptoms, plans for future meetings, notes on referrals and closing of service.

2. Release and Viewing of Mental Health Treatment Records

Students may request access to review or receive a copy of their record, with some considerations. In some cases, if it is determined by the Life Coach and/or other counseling staff that serious misunderstanding or harm could come from viewing it, the student may be offered the chance to view the record with the Life Coach/counseling staff present, in order to provide consultation around this to the student. Limiting student access to their record would only happen in exceptional circumstances when there is evidence that access would cause serious harm to them.

All such requests for records and viewing of records will be documented in the student's file.

The Life Coach and/or counseling staff/intern will release information at the student's request to stakeholders with a valid written release. Releases will be kept in the student's file.

3. Storage of Mental Health Treatment Records

Treatment records will be stored in a separate location than where the student's other educational records are held to ensure unauthorized staff do not have access to this material.

This location should be secured so that access to view records is limited to the professional providing the service, clinical supervisors recognized through licensing boards (examples: LPC, LCSW), and those staff or interns who are involved directly in the mental health treatment of the student. Below are two options.

a. Electronic Procedure

If the location is secured electronically on a college network drive, with access granted to the above, there will be a separate file for each student, which is unique to their case, and each file will be labeled with the first 3 letters of the first name of the student, first 3 letters of the last name of the student, and last 3 numbers of their student ID number. This will ensure that in the event that access to the drive is ever breached, there would be no identifiable information within the content of the notes. Notes will be kept within MS word documents within the student file and intake paperwork will be scanned in directly to the students file.

A designated person, with counseling access, within the department will approve access to this drive. Limited IT access may be permitted to manage electronic system. IT staff will follow confidentiality laws regarding student information.

b. Paper File Procedure

Each provider of mental health services will have a locking file cabinet within an office whose door can be locked. Student files will be kept in the filing cabinet, and labeled with the first 3 letters of the first name of the student, first 3 letters of the last name of the student, and last 3 numbers of their student ID number. This will ensure that in the event that access to the cabinet was ever breached, there would be no identifiable information within the content of the notes. Intake paperwork will be kept in the file.

4. Disposal of Treatment Records

Records will be kept for 7 years from the date of when service to the student ended or until three years after a minor reaches the age of majority, whichever is later.

Upon reaching this time limit, paper records may be shredded in a secure disposal service. Electronic records may be deleted from the network after the allotted time.

5. Storage of Non-Student Related Material

Information that is created by and used within the department providing mental health services to students, that does *not* include student related information, such as training materials, meeting minutes, forms etc. will be kept in a different location from the treatment records where other stakeholders on campus can have access to these materials.

References

Code of Ethics of the National Association of Social Workers

American Psychological Association

Chapter 833 Division 75, Oregon Board of Licensed Professional Counselors and Therapists

RESPONSIBILITY:
The Life Coach, or college position tasked with leading counseling services, is responsible for implementing and updating this procedure.

NEXT REVIEW DATE:
DATE OF ADOPTION: 11/12/2019 by CC
DATE(S) OF REVISION:
DATE(S) OF PRIOR REVIEW: