an accounting of disclosures of his/her record, if any.

#### CONTESTING RECORD PROCEDURES:

Contact the official at the address specified under notification procedures above and reasonably identify the record, specify the information being contested, the corrective action sought, with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

### RECORD SOURCE CATEGORIES:

Research subject-participants, staff in the participating drug abuse treatment programs, written clinical evaluations, private physicians, counselors, psychiatrists, psychotherapists, family members, research assistants, and hospital records.

## SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

## 09-25-0212

#### SYSTEM NAME:

Clinical Research: Neuroscience Research Center Patient Medical Records, HHS/NIH/NIMH.

# SECURITY CLASSIFICATION:

None.

## SYSTEM LOCATION:

Neuroscience Research Center at Saint Elizabeths Hospital, William A. White Building, Room 144, 2700 Martin Luther King, Jr., Avenue, SE., Washington, DC 20032, and at private organizations under contract. A list of specific sites is available from the System Manager.

## CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Registered clinical research patients and some individuals not registered as patients but seen for diagnostic tests.

# CATEGORIES OF RECORDS IN THE SYSTEM:

Inpatient and outpatient medical clinical records.

## **AUTHORITY FOR MAINTENANCE OF THE SYSTEM:**

The Public Health Service Act, section 301 (42 U.S.C. 241), "Research and Investigation," and Section 321 (42 U.S.C. 248), "Hospital."

# PURPOSE(S):

- (1) To provide a continuous history of the treatment afforded individual patients in the National Institute of Mental Health Neuroscience Research Center.
- (2) To provide a data base for the clinical research conducted at the Neuroscience Research Center.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

- 1. Disclosure may be made to a congressional office from the record of an individual in response to a verified inquiry from the congressional office made at the written request of that individual.
- 2. Social work staff may give pertinent information to community agencies to assist patients for their families.

3. Referring physicians receive medical information for continuing patient care after discharge.

- 4. Information regarding diagnostic problems, or having unusual scientific value may be disclosed to appropriate medical research organizations or consultants in connection with treatment of patient or in order to accomplish the research purposes of this system. For example, tissue specimens may be sent to the Armed Forces Institute of Pathology; x-rays may be sent for the opinion of a radiologist with extensive experience in a particular kind of diagnostic radiology. The recipients are required to maintain Privacy Act safeguards with respect to these records.
- 5. Records may be disclosed to representative of the Joint Commission on Accreditation of Hospitals conducting inspections to ensure that the quality of the Neuroscience Research Center Program medical recordkeeping meets established standards.
- 6. Certain infectious diseases are reported to government jurisdictions as required by law.

7. Medical information may be disclosed to tumor registries for maintenance for health statistics.

8. The Department contemplates that it may contract with a private firm for transcribing, updating, copying or otherwise refining records in this system. Relevant records will be disclosed to such a contractor. The contractor will be required to comply with the requirements of the Privacy Act

with respect to such records.

9. In the event of litigation where the defendant is (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operation of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Justice Department has agreed to represent such employee, for example in defending a claim against the Public Health Service based upon an

individual's metal or physical condition and alleged to have arisen because of activities of the Public Health Service in connection with such individual, disclosure may be made to the Department of Justice to enable that Department to present an effective defense, provided that such disclosure is compatible with the purpose for which the records were collected.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

#### STORAGE:

Records are stored in file folders and/ or on microfiche, and on computer tapes. Files are stored in locked file cabinets or locked rooms.

#### RETRIEVABILITY:

The records are retrieved by hospital number and patient name.

### SAFEGUARDS:

1. Authorized users: Employees maintaining records in this system are instructed to grant regular access only to physicians and dentists and other health care professionals officially participating in patient care and to contractors or to NIMH researchers specifically authorized by the system

2. Physical safeguard: All record facilities are locked when system personnel are not present.

3. Procedural safeguards: Access to files is strictly controlled by the system manager. Records may be removed only by system personnel following receipt of a request signed by authorized user. Access to computerized records is controlled by the use of security codes known only to the authorizer user. Codes are user- and function-specific. Contractor compliance is assured through inclusion of Privacy Act requirements in contract clauses, and through monitoring by contract and project officers. Contractors who maintain records in this system are instructed to make no disclosure of the records except as authorized by the system manager.

4. Implementation guidelines: DHHS Chapter 45-13 and supplementary Chapter PHS.hf: 45-13 of the General Administration Manual, and Part 6, 'ADP System Security" in the HHS Information Resource Management Manual.

## RETENTION AND DISPOSAL:

Records are retained for 20 years after last discharge or upon death of a patient and then transferred to the Washington National Records Center, where they are retained until 30 years after discharge or death.