Classification and Qualification STANDARDS

Health Information Technician

Class Code: 1140 Date Revised: 02-01-2010 FLSA: Non-Exempt

Classification Standard Reformatted: 03-01-2014

OVERVIEW:

Under general supervision, Health Information Technicians compile, evaluate, verify, and integrate patient data into a health record which documents patients' histories, health examinations, diagnoses and services for student health center patients. Health records provide data that can be used to enhance healthcare operations and patient care. Health Information Technicians serve as the health information and medical records librarian for paper and electronic files. Incumbents assemble, verify, and manage the establishment, amendment, retrieval, and storage of paper and/or electronic medical records and health information for student health center patients.

Incumbents are distinguished by the technical nature of the work and the application of specialized knowledge of approved health information and medical record practices and procedures which can only be acquired through a specific course of study and/or training. This classification is appropriate for positions which serve as the primary resource for the technical and legal aspects of health information and medical records management. This classification is not appropriate for a position that is primarily administrative or clerical in nature and is not fully engaged in the organization, analysis and evaluation of health information and medical records.

TYPICAL ACTIVITIES:

The duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to this classification.

Health Information Technicians typically perform work involving some or all of the following duties: manage the storage, information processing and flow of patient data in and out of medical records library and automated health information systems; organize, analyze, and evaluate medical records including records of medical observations, patient interviews and histories, test results, x-ray images, diagnoses, treatment plans, surgical interventions, patient care and treatment outcomes; ensure accuracy and completeness of medical records and health information, ensuring all necessary records are completed, identified and signed (including electronic signatures), and all appropriate information has been transferred to the medical record or automated health information system; communicate with physicians and other practitioners to clarify information and obtain necessary additional information; comply with confidentiality and privacy requirements in transmittal of appropriate paper or electronic medical records and health information to healthcare providers; integrate paper and/or electronic medical records and health information from external health care providers into student health center's records; maintain confidentiality of information, monitor access to and use of records and information, and ensure necessary safeguards are in place to limit unnecessary or inappropriate access to and disclosure of protected health information; comply with confidentiality and privacy regulations to complete forms and create copies or excerpts of designated records for lawful purposes, including treatment, payment and health care operations; compile health care, census, and other statistical data, such as the types of diseases treated and procedures performed, for reporting purposes; track patient care and disease management; keep current with developments and practices in health information management, including applicable state and federal regulations; may provide

lead work direction to employees assigned to filing, processing medical information, reception, fiscal record keeping, telephone answering, and scheduling.

MINIMUM QUALIFICATIONS:

Knowledge:

Thorough knowledge of approved practices and methods for the compilation and maintenance of, and access to, health information and records; medical terminology and coding systems and regulations pertaining to medical records; working knowledge of anatomy and physiology pertinent to medical records; applicable automated health information and database management systems including access and security features; health insurance reimbursement regulations and payment procedures; industry professional ethics and standards; and applicable federal and state laws and patient privacy and security regulations pertaining to health information.

Abilities:

Strong organizational skills and the ability to revise or develop new filing and record maintenance procedures; read and understand written medical records; effectively use applicable automated health information systems and maintain data security; compile, interpret, and utilize data for coding files, makes indices, and preparing reports; apply new procedures and regulations to record management systems; perceive differences in copy and proofread words and numbers; and maintain privacy and security of medical records and health information in compliance with applicable state and federal laws and regulations and university policy.

Education and Experience:

Associate's degree or equivalent in an accredited Medical Records program or equivalent combination of education and experience which provides the required knowledge and abilities.