

UConn HEALTH

Administrative Policy Policy 2008-01

Disposal of Protected Health Information (PHI) and Disposal and Re-use of Hardware and Electronic Media Containing Electronic Protected Health Information (ePHI)

Title	Disposal of Protected Health Information (PHI) and Disposal and Re-use of Hardware and Electronic Media Containing Electronic Protected Health Information (ePHI)
Policy Owner and Contact Information	Office of Healthcare Compliance and Privacy, privacyoffice@uchc.edu Information Technology Security, itsecurity@uchc.edu
Campus Applicability	UConn Health
Applies to	UConn Health Workforce and Business Associates
Effective Date	April 4, 2022

PURPOSE:

To comply with certain provisions of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the associated regulations (collectively “HIPAA”) and Connecticut law by implementing: 1) reasonable safeguards to limit incidental, and avoid prohibited, uses and disclosures of PHI, in connection with the disposal of such information; 2) policies and procedures to address the final disposition of ePHI and/or the hardware or electronic media on which it is stored; and 3) procedures for removal of ePHI from electronic media before the media are made available for re-use.

POLICY STATEMENT:

It is the policy of UConn Health that it shall comply with all applicable laws regarding the destruction or disposal of PHI, in any format, including, but not limited to ePHI. Such destruction or disposal of PHI, in any format, shall be conducted in accordance with the accompanying procedures. In addition, such procedures shall ensure that the PHI not be retrievable, recognizable, capable of reconstruction or identification.

Disposal/destruction of records containing PHI that are subject to retention schedules must be carried out in accordance with the retention periods set forth in the General Records Retention Schedules for State Agencies issued by the Office of the Public Records Administrator, or other applicable law. (See: [2003-02: Documentation and Retention of HIPAA Compliance Records](#) and [Retention, Storage and Disposal/Destruction of Medical Records](#)).

UConn Health may contract with a Business Associate to undertake such disposal/destruction and/or removal on its behalf. UConn Health must enter into an agreement with such Business Associate that requires the Business Associate to appropriately safeguard the PHI through disposal/destruction and/or removal.

DEFINITIONS:

Please refer to the Privacy Definitions for the purpose of understanding terminology used herein.

[Privacy Definitions](#)

PROCEDURES/FORMS:

[Procedures for 2008-01 Disposal of Protected Health Information \(PHI\) and Disposal and Re-use of Hardware and Electronic Media Containing Electronic Protected Health Information \(ePHI\)](#)

[RC-108 Records Disposition Authorization Form – State Agencies](#)

[RC-108.1 Records Disposition Authorization of Original \(Non-Permanent\) Paper Records Stored As Digital Images - State Agencies](#)

REFERENCES:

45 C.F.R. §§ 164.530(c) and 164.502(e) (HIPAA Privacy Rule)

45 C.F.R. §164.310(d) (HIPAA Security Rule)

Conn. Gen. Stat. § 11-8a (State Librarian statute regarding retention, destruction and transfer of documents)

RELATED POLICIES:

[Retention, Storage and Disposal/Destruction of Medical Records](#) (Clinical Policy)

[2003-02 Documentation and Retention of HIPAA Compliance Records](#)

[State of Connecticut Office of Policy and Management Policy IT-SEC-16-02 Disposal of Digital Media](#)

[2015-04 Asset Control](#)

[Office of Logistics Management Asset Control Procedures \(uchc.edu\)](#)

[University of Connecticut Compliance Training Policy](#)

ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

APPROVAL:

Bruce Liang (Signed)
Bruce Liang
UConn Health Chief Executive Officer

4/4/22
Date

Kiki Nissen (Signed)
Kiki Nissen
Administrative Policy Committee Vice-Chair

4/4/22
Date

Janel Simpson (Signed)
Janel Simpson
Administrative Policy Committee Chair

4/4/2022
Date

POLICY HISTORY:

New Policy Approved: 5/08

Reviewed Without Changes:

Revised: 4/22

Replaces Policies: #2003-10 issued 4/14/03 and updated 1/05 & 11/05 and #2005-09 issued 1/28/05