POLICY: RETENTION, STORAGE AND DISPOSAL/DESTRUCTION OF MEDICAL RECORDS

POLICY STATEMENT:

It is the policy of UConn Health to maintain and retain health information and records in compliance with applicable governmental and regulatory requirements. The organization will adhere to retention schedules and destruction procedures in compliance with regulatory, business, and legal requirements.

This policy will serve to outline the retention period and storage modalities for medical records within the organization; to establish the conditions and time periods for which medical records will be stored, retained, and/or destroyed after they are no longer active for patient care or business purposes; and to ensure appropriate availability of medical records.

POLICY SCOPE:

This policy applies to the Designated Record Set whether the information is paper-based, electronic or other medium. It applies to any health record, regardless of whether it is maintained in the Health Information Management Department or by the clinical or ancillary department that created it.

DEFINITIONS:

MEDICAL RECORD – All documents, regardless of physical format, that hold demographic and medical information about a patient. Only the documents that are part of the designated record set are subject to the retention schedule.

ELECTRONIC RECORD – Any combination of text, graphics, data, audio, pictorial or other information representation in digital form that is created, modified, maintained, archived, retrieved or distributed by a computer system. Electronic records must be capable of generation in both human-readable and electronic form suitable for inspection, review and copying. Electronic records may be considered legal records and are managed according to their content.
ACTIVE RECORDS – Those medical records that will likely be needed in a short timeframe for day to day patient care purposes

ARCHIVED RECORDS - Those medical records that are less likely to be needed on a day to day basis, but which have not reached the end of their specified retention period. These records are usually referenced or accessed infrequently.

RETENTION PERIOD – The period of time during which medical records must be maintained by an organization because the records have administrative, fiscal, legal, medical or other value.

RECORD RETENTION SCHEDULE – A schedule of standard and/or legally required retention periods for each type of record, taking into account the administrative, fiscal, legal, medical and historical value of those records.

DESTRUCTION OF RECORDS – Any action that prevents the recovery of information from the storage medium on which it was recorded. Method of destruction must be appropriate to the medium on which it is stored.

ARCHIVING/STORAGE OF RECORDS – The act of physically moving inactive or other records to a storage location until the record retention requirements are met or until the records are needed again.

RETENTION OF RECORDS:

- UConn Health follows the State Agencies’ Records Schedule (S4) as outlined by Public Records Administrator’s office within the Connecticut State Library (see attachment). Medical records must be retained for the entire retention period as outlined in the schedule; however, UConn Health reserves the right to maintain records longer than what is stipulated on the schedule.
- For Occupational Health and Employee Health records UConn Health will adhere to Federal Record Retention Guidelines.
- During the retention period the records will be protected from alteration, tampering, loss and physical damage.
- For records maintained by Health Information Management and other clinical areas, retention will follow S4 guidelines and each Department will review and assess record needs based on space constraints and will determine if they are suitable for archiving based on specific departmental policy.

STORAGE OF RECORDS

- Storage areas for inactive records can include either an area inside the facility that has been approved for records storage use, or an off-site, private, professional record storage facility with which UConn Health has an active contract for storage and retrieval services. NOTE: Storage warehouses, mini-storage facilities, and off-campus personal or rental property, including garages, basements, homes, trailers, etc., are NOT acceptable for storage of inactive medical records.
• Storage areas approved for records storage must be physically secure and environmentally controlled to protect records from unauthorized access and damage or loss due to temperature fluctuations, fire, water damage, pests and other hazards.

• Any inactive records moved to off-site storage are boxed, labeled and logged out of our medical record tracking system to allow for efficient access and retrieval if needed.

• Any paper based records involved in litigation or investigation are considered to be active records and will be stored on site in a secured file designated as such.

**DESTRUCTION OF RECORDS:**

• In the absence of investigation, litigation or legal hold, records that have satisfied their legal, fiscal, administrative and archival requirements may be destroyed in accordance with retention as outlined in the State Records Retention Schedule or as deemed appropriate beyond the maximum retention period by UConn Health.

• No entire medical record shall be destroyed on an individual basis.

• Records should not be destroyed if they are currently involved in open litigation, lawsuit, subject of any government investigation or similar activities. Once litigation, lawsuit or government investigation is completed records may be destroyed accordingly.

• Paper records that are scanned into any electronic medical record system that has been approved by the Connecticut State Library Office of the Public Records Administrator, will be destroyed after scanning, indexing and 100% quality checking has taken place. Records will be held on site, in paper format for a period of six months post scanning, then destroyed on site. Authorization for destruction in these circumstances will be in accordance with rules as put forth by the Public Records Administrator using the RC-108.1 form for approval.

• Paper records that are not scanned may be destroyed after appropriate completion of the "Records Disposal Authorization" form (RC-108) by the UConn Health Records Management Liaison Officer (RMLO). Final approval by the Public Records Administrator and the State Archivist must be obtained before any records can be destroyed.

• Medical records will be destroyed in a manner that does not allow for the information to be retrievable, recognizable, reconstructed or practically read.

• All destruction of medical records should be done in accordance with policy 2008-01 Disposal of Documents/ Materials Containing PHI and Receipt, Tracking and disposal of Equipment and Electronic Media Containing Electronic Protected Health Information.
References:

Policy 2008-01 Disposal of Documents/ Materials Containing PHI and Receipt, Tracking and Disposal of Equipment and Electronic Media Containing Electronic PHI.

S04 - Health Records (rev. 11/2010)

Records Disposition Authorization - State Agencies (Form RC-108)

Records Disposition Authorization of Original (Non-Permanent) Paper Records Stored As Digital Images - State Agencies (Form RC-108.1)

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New Policy: 12/16/14