



CLINICAL POLICY

Retention, Storage and Disposal/Destruction of Medical Records

A. EFFECTIVE DATE:

May 18, 2021

B. PURPOSE:

To establish the retention, storage, and destruction requirements for all records, regardless of medium, that contain demographic or medical information about a patient (“medical records”).

C. POLICY:

It is the policy of UConn Health to retain, store, and destroy medical records in compliance with applicable legal and regulatory requirements.

D. SCOPE:

This policy applies to the Designated Record Set.

E. DEFINITIONS: **Designated Record Set:** The Designated Record Set is a group of records maintained by or for UConn Health, that is: (a) the medical records and billing records about a patient, and/or (b) used in whole or in part, by or for UConn Health, to make decisions about a patient. For purposes of this definition, the term “record” means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for UConn Health.

F. PROCEDURE:

RETENTION OF RECORDS:

- UConn Health follows the State Agencies’ Records Schedule (“HEALTH”) as outlined by Public Records Administrator’s office within the Connecticut State Library. 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 required by 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 HEALTH 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 legal hold 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 beyond the maximum retention period as deemed appropriate 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 three 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 (RMLLO). ***All initial requests for medical record destruction must be submitted to the HIM Committee and/or the AVP of HIM for approval.***
- 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.

G. MATERIAL(S) NEEDED:

None

H. ATTACHMENTS:

None

I. REFERENCES:

- General Records Retention Schedules for State Agencies: <https://ctstatelibrary.org/publicrecords/general-schedules-state>
- Agency Specific Schedules: <https://ctstatelibrary.org/agency-specific-records-retention-schedules/>
- Agency General Schedules: HEALTH: <https://atlas.ct.gov/Portal/pages/index.jsp>
- Records Disposition Authorization - State Agencies (Form RC-108): <https://ctstatelibrary.org/publicrecords/state>
- Records Disposition Authorization of Original (Non-Permanent) Paper Records Stored As Digital Images - State Agencies (Form RC-108.1): <https://ctstatelibrary.org/publicrecords/state>
- Policy 2012-06 Designated Record Set: https://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2012_06.pdf

- 2003-02 Record Keeping (Privacy and Security of PHI): https://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2003_02.pdf
- Policy 2008-01 Disposal of Documents/Materials Containing PHI and Receipt, Tracking and Disposal of Equipment and Electronic Media Containing Electronic PHI: http://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2008_01.pdf

J. SEARCH WORDS:

Medical records, Records, PHI, Retention, Storage, Disposal, Destruction, Destroy, Designated Record Set, DRS

K. 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.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

None

N. FINAL APPROVAL:

- | | |
|---|--|
| <p>1. <u>Andrew Agwunobi, MD (Signed)</u>
 Andrew Agwunobi, MD, MBA
 UConn Health Chief Executive Officer</p> | <p><u>06/02/2021</u>
 Date</p> |
| <p>2. <u>Anne Horbatuck (Signed)</u>
 Anne D. Horbatuck, RN, BSN, MBA
 Clinical Policy Committee Co-Chair</p> | <p><u>06/02/2021</u>
 Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
 Scott Allen, MD
 Clinical Policy Committee Co-Chair</p> | <p><u>06/02/2021</u>
 Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
 Caryl Ryan, MS, BSN, RN
 VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>06/02/2021</u>
 Date</p> |

O. REVISION HISTORY:

Date Issued: 12/16/14

Date Revised: 9/25/19, 8/12/2020, 4/28/2021

Date Reviewed: