

UConn HEALTH

Procedures for 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)

A. Record Retention, Destruction, and Documentation

Documents and other materials containing PHI, regardless of medium, may be subject to retention periods as specified by 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](#)). Generally, copies are not subject to these retention periods. Contact the Office of Healthcare Compliance and Privacy (OHCP) or the Office of the General Counsel (OGC) for guidance.

Destruction of records subject to retention periods as specified by the General Records Retention Schedules for State Agencies issued by the Office of the Public Records Administrator must be authorized and documented using form [RC-108 Records Disposition Authorization Form – State Agencies](#) or [RC-108.1 Records Disposition Authorization of Original \(Non-Permanent\) Paper Records Stored As Digital Images - State Agencies](#), as appropriate. If a Business Associate carries out destruction, the Business Associate will provide UConn Health with a certificate of destruction. Contact the Office of Logistics Management (OLM) for assistance.

B. Disposal of paper and other non-electronic media containing PHI

Proper methods of disposal of paper and other non-electronic media containing PHI may include, but are not limited to: shredding, burning, pulping, or pulverizing the media so that PHI is rendered essentially unreadable, indecipherable, or otherwise cannot be reconstructed. Trash bins, recycle bins, and other publicly accessible locations must not be used to dispose of materials containing PHI. UConn Health may use a Business Associate to remove and/or shred or otherwise destroy the PHI. Business Associates must appropriately safeguard the PHI through disposal.

1. Disposal of Paper Documents

Printed material containing PHI (e.g., faxes, printed emails, and informal notes about patients) must be shredded or placed in secure shredder bins. Management shall ensure Workforce members have access to and use shredders or secure shredder bins to dispose of documents containing PHI.

2. Disposal of patient identification stickers and wristbands

Patient identification stickers and wristbands must be discarded in shredding bins.

3. Destruction of X-ray film

Secure destruction of X-ray film is managed by OLM through the use of a Business Associate.

4. PHI Disposal in Regulated Medical Waste

Red Bag Waste must be placed in regulated medical waste bins. All regulated medical waste trash is incinerated using secure methods.

C. Receipt, Tracking, Re-use and Disposal of Hardware and Electronic Media Containing ePHI

ePHI must be removed or otherwise rendered unreadable prior to reuse or disposal. Appropriate methods for removing ePHI from hardware or electronic media include (but are not limited to) clearing (using software or hardware products to overwrite with non-sensitive data) or purging the information (degaussing or exposing the hardware or media to a strong magnetic field in order to disrupt the recorded magnetic domains). Appropriate destruction methods include (but are not limited to) disintegrating, pulverizing, melting, incinerating, or shredding. Such destruction methods can only be performed by a Business Associate of UConn Health.

1. Hardware and Electronic Media (Biomedical & non-biomedical)

Departments shall follow procedures in the UConn Health OLM Property Control Manual related to receipt, removal, storage, re-use and disposal of hardware and electronic media (<http://opa.uhc.edu/OLM/AssetCtrlProc.aspx>).

Hardware and electronic media shall be tracked and accounted for by OLM or, if biomedical equipment, the Clinical Engineering Department.

All hardware shall be assigned an owner.

There shall be a record of the movements of all hardware containing ePHI, the owner and the designated individual(s) responsible for the movement.

The movement of hardware shall be authorized and logged by the department manager prior to the hardware entering or leaving the institution.

The department manager shall be accountable for hardware while in transit.

A retrievable, exact copy of ePHI, (when needed or requested) shall be created before any movement of hardware. ePHI shall be removed from biomedical equipment prior to transferring for repair or retirement.

Hardware shall be properly logged and disposed of when no longer used. ePHI shall be removed from hardware before it is made available for reuse.

Electronic media containing PHI shall be physically destroyed when no longer used or no longer needed. ePHI shall be removed from electronic media before it is made available for reuse.