

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

I. Retention, Archiving and Disposal of Health Information

A. POLICIES

Rev. 06/01/2009

- 1. Retention:** Record retention policies are based on official schedules (following) as well as on standards of professional practice and risk management guidelines. The subsequent death of a patient / client has no bearing on retention standards: Records must be retained for the full period of time required by state laws and/or university policy.
 - a) *All primary medical records must be retained for at least ten (10) years from the date of the patient/client's last episode of care, irrespective of the patient/client's age or majority status at that time.*
 - b) *Primary dental records must be retained for at least four (4) years, with certain exceptions, from the date of a patient/client's last episode of care. (Refer to College of Dentistry policies for details.)*
 - c) *Other records containing PHI, including financial and research records, must be retained for the length of time prescribed in the General Records Schedule or by relevant state and federal laws.*
 - d) *Records containing HIPAA-required materials must be retained for at least six (6) years after the materials were last in effect. (Authorizations, Research Waivers of Authorization, Disclosure Tracking logs, Business Associate Agreements, etc.)*
- 2. Archiving:**
 - a) *Healthcare data in paper records and electronic media, which are not being used for active provision of services, payment processes, or research may be archived until the retention requirements have been met.*
 - b) *Only primary health, financial, and research records should be archived. The contents of true "Shadow" records should be destroyed after it has been determined that they contain only duplicates of records maintained elsewhere, and do not contain any original materials.*
- 3. Destruction:**
 - a) *Whole primary health and financial records shall only be destroyed in the ordinary course of business; no entire record shall be destroyed on an individual basis.*
 - b) *No primary records of any type belonging to the University of Florida may be destroyed until:*
 - (1) The retention periods established by UF have been met, and
 - (2) A Records Disposition Request has been approved by the University Records Management Office.
 - c) *No records that are currently involved in, or have open investigations, audits, or litigation pending shall be destroyed or otherwise discarded.*

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B. DEFINITIONS

1. **See definitions for Primary Records and Shadow Records in the Glossary.**
2. **Archiving / Storage:** 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.
3. **Destruction of Records:** The routine systematic disposal of primary records to permanently remove them from active use. Destruction methods should ensure that confidentiality of the information is maintained, and that there is no possibility of reconstructing the information contained in the records.
4. **Disposal of Records:** The day-to-day discarding of duplicate or extra reports that are not pertinent to or required for the primary record.
5. **Inactive Records:** Records of patients or clients who have not received services, made payments for services, or been involved in research for a designated period of time. Clinics and departments determine the criteria for inactive status in their areas, based on need for the records and available storage space.
6. **Scheduling Records:** Identifying types of records and then determining how long a particular type must be retained.

C. STATUTORY REQUIREMENTS

1. **Chapter 119, Florida Statutes, Public Records Act,** defines public records and establishes the legal basis for the custody and disposal of public records.
2. **Chapter 257, Florida Statutes,** establishes the State's Records Management and Archives Program under the direction of the Division of Library and Information Services, Department of State, as well as specifically provides for a system for the scheduling and disposal of public records.
3. **Retention Schedules:** The University of Florida uses several schedules, including the General Records Schedules for State and Local Government Agencies (GS1-S and GS1-L), Universities and Community Colleges (GS-5), Public Health Care Facilities and Providers (GS-4), and the records schedule developed specifically for the University of Florida. (See Appendix B).
4. **Obtaining Disposition Authorization:** When records have met established retention requirements, disposal of the records may be initiated by submitting a Records Disposition Request to the UF Records Management Office. The request must be submitted and approved before actual disposition is carried out. Once approved, the request form authorizes the disposition of the listed records.

D. PRIVACY AND STATUTORY REQUIREMENTS

1. **Retention of Records Containing PHI:** A "schedule" describing the records and the official retention period is required by the state of Florida for each type of record created or maintained by public institutions.

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2. **Storage Areas** must be physically secure and environmentally controlled, to protect the records from unauthorized access and damage or loss from temperature fluctuations, fire, water damage, pests, and other hazards.
 - a) *All records containing PHI or PII must be stored in approved storage facilities.*
 - b) *Off-site storage for back-up electronic records containing PHI or PII must be approved by the Privacy Office.*
3. **Record Destruction:** Primary records containing PHI or PII shall only be destroyed by a bonded and insured professional document destruction company. Having a departmental or clinic representative witness the destruction is encouraged, but not required.

E. PROCEDURES

1. **Storage of Inactive or Back-Up Records Containing PHI or PII:** Approved storage areas include:
 - a) *On-Site: An area inside the clinic, department, college, or other university facility that meets the criteria listed above (D.2.). Record owners are responsible for making arrangements to inventory and move the records.*
 - b) *Off-Site: A professional record storage company with which the University of Florida has an active contract for services.*
 - (1) Call the Privacy Office for information about currently contracted storage facilities. Transport of records is included in services. Inventorying of records may also be arranged on the request of the record owner.
 - (2) Other arrangements for complying with security policies requiring off-site storage of back-up electronic media should be proposed in writing for approval by the Privacy Office.
 - (3) **NOTE:** Moving and storage warehouses, mini-storage facilities, and off-campus personal or rental property, including garages, attics, homes, mobile homes, trailers, etc., are NOT acceptable for storage of inactive records containing PHI or PII.
2. **Archiving Inactive Records:** Preparing records for storage
 - a) **Primary Legal Health Records:**
 - (1) Make an inventory listing each individual record so that they may be retrieved, if needed, and for destruction purposes after the retention requirement is met. The inventory must be retained in the clinic or department and should include:
 - (a) *Clinic or Department name*
 - (b) *Patient/client's name and record number*
 - (c) *Dates of service included in the record*
 - (d) *Box number or other location indicator*
 - (e) *Type of record, using the General Records Schedule*

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- (2) Inventories may be in paper or electronic format.
 - (a) *Store electronic inventories on a secure server or on encrypted removable media (disk, tape, or CD) only, not on a workstation hard drive. Back up electronic inventories regularly.*
 - (b) *Store paper inventories in a clearly labeled binder. Mark the binder: "Do Not Destroy."*
 - (3) Remove records from active files by year and place them in approved storage boxes in the order in which they were originally filed (alphabetical or numerical).
 - (4) Place the boxes in storage; use the storage facility's guidelines, if appropriate.
 - b) *Other Original/Primary Records Containing PHI: Other types of records, even if they contain PHI, do not need to be individually inventoried for storage.*
 - (1) Remove records from active files by year and place them in approved storage boxes in alphabetical or numerical order (the order in which they were originally filed).
 - (2) Label the container with a clear description of the contents, the date-range, and the name of the college, department or clinic from which the materials came.
 - (3) Place records in storage; use the storage facility's guidelines, if appropriate.
 - c) *Shadow Records: Purge shadow records often and in small batches to avoid overwhelming the filing areas where the primary records are stored with large amounts of materials to file. Records created as a result of visits to UF clinics are generally not considered shadow records.*
 - (1) Review the contents of "shadow" or duplicate records and remove any original materials. Send original documents to be filed in the patient/client's primary record. Do not send entire shadow records to the record custodian.
 - (2) Follow the protocols for record disposal to permanently destroy the duplicate parts of the record. (An inventory of record copies disposed of in this manner is not necessary.)
- 3. Records retrieved from storage:** Track the status of records, whether active or inactive, and adjust the storage inventory as needed if any records are not returned to storage.
- 4. Disposing of Non-Primary Records Containing PHI** (i.e., duplicate, extra, or obsolete individual reports or data that are not pertinent to the patient/client's care)
- a) *Destruction: Paper records and records stored on electronic media must be either immediately shredded, pulverized, or electronically purged, or placed*

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in locked or otherwise secure storage for controlled shredding/destruction and recycling later. See the table at the end of this chapter.

- b) Recycling: Papers containing PHI may be placed in official blue recycling bins that are locked, or in locations that can be locked or that will be occupied by authorized personnel at all times. Papers that have been shredded should not be placed in the blue recycling bins.*

5. Destroying Records

a) Requesting Approval for Record Destruction

- (1) Complete the UF Records Disposition Request (see Forms) prior to commencing record destruction procedures. Follow the instructions included on the form.*
- (2) Send the Request to the address on the form. Authorization to destroy records may take 6 to 8 weeks to process.*

b) Destruction of Primary Health Records

- (1) Security: Maintain records that are scheduled for destruction in a secure location to guard against unauthorized or inappropriate access until the destruction is complete.*

- (2) Inventory: Create a Record Destruction Log, individually listing all health records (i.e., individual patient/client care records) to be destroyed.*

(a) Include the following information for each record (See Forms for a sample log.)

- (i) Patient/client Name and Health Record Number*
- (ii) Dates of service included*
- (iii) Description of type of record (UF General Records Schedule type)*
- (iv) Date and Method of Destruction*
- (v) The name of the company performing the destruction*
- (vi) Signature(s) of individuals witnessing the destruction, if any*

(b) To destroy records that are already archived: use the Storage Inventory, created when the records were put into storage, to avoid duplication of effort.

(c) Record Destruction Logs must be maintained for the life of the institution, and may only be maintained in paper formats.

c) Destroying Records

- (1) Follow the record destruction company's protocol for carrying out the actual destruction.*
- (2) Sign the UF Records Disposition Request and the Record Destruction Log after the destruction has been completed.*

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- (3) Attach the Certificate of Destruction provided by the record destruction company to the Disposition Request form.
 - (4) Maintain all documentation of record destruction for the life of the institution.
6. **Recovery of Inactive** Records that have been lost, stolen, or damaged by fire or water: See *Management of Active Records* in the previous chapter.

F. REFERENCES:

- 1. **HIPAA:** 45 CFR §164.501 (Definitions); §164.502 (Use and Disclosure)
- 2. **Florida Statutes:** Chapter 119, Chapter 257

G. EXHIBITS

- 1. **Appendix B: UF General Records Schedule (See appendices)**
- 2. **Appropriate Record Destruction Methods**

Appropriate Record Destruction Methods

Medium	Recommendation
Paper Records	Shred (preferably cross-cut), pulp, burn, or pulverize
Audiotapes & Videotapes	Recycle by recording over by the original user, or pulverize the tape and cassette
Computerized Data / Hard Disk Drives / Magnetic Media / Memory Sticks, Keys and other memory devices	Professionally purge (degauss) by a certified, licensed, and bonded vendor and pulverize
Computer Diskettes	Reformat <u>and</u> over-write all data, pulverize, or magnetically degauss
Laser Disks / Compact Disks	Shred or pulverize in appropriate equipment, OR break, using layers of newspaper and a hammer, OR thoroughly scratch both sides with knife or key
Microfilm / Microfiche	Shred or pulverize only
PHI Labels on Devices, Containers, Equipment, Etc.	Obliterate all PHI on the label, remove and destroy the label, or incinerate the devices, container, etc., if removal or obliteration of the label is impossible.