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Prepared by:
APPROVED BY:

Destruction of medical/Dental records Protocol

Objective: To provide guidelines on the removal, destruction or recycling of paper and electronic medical/dental records properly. To ensure that during the destruction process the patients' Protected Health Information is not improperly disclosed.

Responsibility: The Medical Records Supervisor/Privacy Officer and the Chief Information Technology Officers are responsible for the maintenance of this protocol. All Medical Records Staff and all (Facility Name) staff have a responsibility to assist in the maintenance of this protocol.

Protocol: (Facility Name) has a duty to protect the confidentiality and integrity of confidential medical/dental information as required by law, professional ethics, and accreditation requirements. Protected Health Information may only be disposed of by means that assure that it will not be accidentally released to an outside party.

Process of Identification of Medical/Dental Records for Destruction

Before any documentation, documents or any other information from a patient's medical record no longer needed by the practice is destroyed, the Medical Records Supervisor /Privacy Officer must first approve its destruction.

The Medical Records Supervisor/Privacy Officer will complete a review of the *Master Patient Index* which is printed from the Practice Management System. All records that have satisfied their legal, fiscal, administrative, and archival requirements may be destroyed in accordance with the Records Retention Protocol.

All records processed for destruction must be entered onto destruction log.

Once the Medical Records Supervisor/Privacy Officer has determined it is appropriate to discard the information, it must be done by shredding or electronically.

Paper Destruction of Medical/Dental Records

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Secure methods will be used to dispose of paper records. The Medical Records Supervisor/Privacy Officer or appointed designees are responsible for the destruction of paper medical/dental records containing Protected Health Information. The method will ensure that no identifiable information will be a risk of disclosure during the process. The following method of destruction will be used:

- Shredding

Electronic Destruction of Medical/Dental Records

Secure methods will be used to dispose of electronic data and output. The Medical Records Supervisor/Privacy Officer or/and the Chief Information Technology Officer or appointed designees are responsible for the destruction of electronic copies containing Protected Health Information. The following methods of destruction may be used:

- Deleting on-line data using the appropriate utilities
- Degaussing – removing or neutralizing the magnetic field – computer tapes to prevent recovery of data
- Removing Protected Health Information from mainframe disk drives being sold or replaced, using the appropriate initialization utilities
- Erasing diskettes to be re-used using a special utility to prevent recovery of data
- Destroying discarded diskettes

Maintenance of the Medical/Dental Record Destruction Log

All records processed for destruction must be entered onto Medical/Dental Record Destruction Log. The Medical/Dental Record Destruction Log will contain the following information:

Patient Name

Medical Record Number

Date of Birth

Last Date of Service

Date of Destruction

Name of Company Performing Destruction/or Person (s)

Method of Destruction

Signature (s) of individuals witnessing destruction

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The Medical/Dental Record Destruction Log will be maintained/retained and secured permanently for tracking purposes.

(See attached log)

Reference:

Health Insurance Portability and Accountability Act (HIPAA) Privacy & Security Rule, 45 CFR 160-164.524

COIMA - California Confidentiality of Medical Information Act, California Civil Code Section 56 - 56.16

Cal. Health & Safety Code §1795.28

Title 22 C.C.R. § 77127

Title 22 C.C.R. §70751(a-i), 71551(c), 72543(a), 74731(d), 75055(a), 75343(a), 77143(c), and 79351(a)

Title 22 C.C.R. § 77143(c) and 79351(a).

Title 22 C.C.R. § 77141(a), (b), (c)

Welfare & Institutions Code § 14124.1

California Health & Safety Codes § 123100-123149

Section 13101 - 13424 of Title XIII (Health Information Technology for Economic and Clinical Health Act) of the American Recovery and Reinvestment Act of 2009