

ORGANIZATIONAL POLICY

Policy Title: RECORD RETENTION AND DESTRUCTION POLICY

Policy Number: 1007

Purpose: To outline the necessary retention periods for all documents and records in order to comply with all state and federal laws regarding retention of such documents. And to outline the proper procedure for the destruction of documents that have been maintained in excess of their retention periods found in this policy in order to comply with all state and federal laws regulating retention and destruction of such documents and to safeguard patient and personnel information from unauthorized disclosure.

I. Application of Policy and General Retention Period

A. This policy shall apply to all types of records and documents stated in this policy unless another organizational policy is more specific or requires a retention period that is longer in length than the period stated in this policy.

B. In all cases, employee records that are relevant to any pending legal proceeding, audit, or inquiry shall be retained at least until the final disposition of such proceeding if that date is later than the retention period found in this policy.

C. Unless stated otherwise, the creation of the record begins the running of the retention period stated in this policy. No retention period contained in this policy shall require destruction of record that are determined necessary for further retention due to administrative value.

D. All documents addressed in this policy may be kept in paper, film or electronic form. If kept in electronic or film form the Hospital must have the ability to easily produce a paper copy of the documents upon request by the employee, an appropriate governmental authority, or any other person allowed by law to request the documentation.

E. If no section of this policy or any other policy address a particular type of document, that document must be retained for a period of five (5) years or until its administrative value ends, whichever is later.

II. Employment and Staff Records

If any employment or staff document expressly pertains to any individual employee or any other hospital staff member, or if that document is placed in any personnel file, those documents must be kept for the period that the person is employed or providing services to the hospital, plus two (2) years. If this policy contains a shorter period for these documents, the retention period in this paragraph controls.

A. Hiring Documents

1. Advertisements Regarding Job Openings

All advertisements regarding job openings, promotions, training programs, or overtime work must be kept for a period of one (1) year.

2. Applications, Resumes, or Other Replies to Job Advertisements

All resumes, applications, responses to job advertisements, and any other documentation related to the interview and selection process of an employee must be kept for a period of two (2) years from the date the record was made or two (2) years from the date any human resources action was taken, whichever is later.

3. Apprenticeships and Selection Programs

A chronological list of names and addresses of all applicants, dates of application, sex and minority group identification or a file of written applications containing the same information and any other record pertaining to apprenticeship applicants must be kept for two (2) years from the date the application was received or period of successful applicant's apprenticeship, whichever is later.

4. Credit and Background Checks

All credit checks and background checks should be kept for two (2) years from the date the check is performed.

B. Documentation While Employed

1. Benefits Records

Benefit plan descriptions and summaries of benefit plan descriptions must be kept for the full period that the plan is in effect plus one (1) year after its termination.

Records providing the basis for all plan descriptions, benefits, and any reports necessary to certify the information in the descriptions or summaries including vouchers, worksheets, receipts, and applicable resolutions must be kept for six (6) years after the documents are filed.

All documentation of or related to any health insurance cafeteria plan must be retained for a period of three (3) years after any audit is performed. Yearly enrollment records must be kept for one (1) year after the date of enrollment.

All documentation of or related to any health insurance provided pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA) must be kept for three (3) years after the date of eligibility ends.

2. Compensation and Payroll

All payroll or other records containing the name, address, date of birth, gender, occupation, rate of pay, compensation earned, garnishment documents, and occupation period must be kept for three (3) years.

The basis and supporting documentation for the calculation of employee wages and incentives, including time sheets and hours worked must be kept for a period two (2) years.

3. Complaints, Grievances, and Requests

With the exception of the EEO-1 Report, any Equal Employment Opportunity Report created must be kept for three (3) years from the date created or from the date of the last personnel action, which includes termination, whichever is later.

The most current EEO-1 Report must be kept at all times. Once a new EEO-1 is completed, the prior report may be destroyed.

All documentation and personnel records relevant to a complaint of discrimination or any other grievance against the hospital must be kept for a period of three (3) years from the date of the complaint or after the final disposition of any proceeding or audit, whichever is later.

Any request for reasonable accommodations under the Americans with Disabilities Act must be kept for a period of one (1) year from the date the record was made or from the last personnel action taken, whichever is later.

4. Employment or Services Contracts

All employment and services contracts must be kept for the duration of employment or the duration of such contracts, plus three (3) years.

5. Merit Systems

All policies and documentation relating to any merit or seniority system must be kept for the full period the system is in place, plus one (1) year.

6. Occupational Injury

Records of any exposure to hazardous materials must be kept for thirty (30) years from the date of the incident.

Any documentation related to occupational injuries or illness must be kept for five (5) years from the end of the year to which the report or document relates.

Any document relevant to a worker's compensation claim must be kept for a period of five (5) years unless such documentation is required to be kept longer by another organizational policy.

See Section IV of this policy for medical records retention periods for occupational injuries.

7. Physical/Medical Records of Employees

See Section IV of this policy for medical records retention periods for all medical records kept in the course of treatment or physicals for all employees.

8. Promotion/Demotion

Any documentation of or related to the promotion or demotion of an employee must be kept for one (1) year from the date the record was made or the last personnel action taken, whichever is later.

9. Safety and Test Records

Any documentation of or related to testing for drugs and alcohol shall be retained as follows:

- a) All documents of or related to positive test results must be kept for a period of five (5) years.
- b) All documents of or related to negative test results must be kept for a period of one (1) year.
- c) All logbooks, counseling, and training records should be kept for a period of two (2) years.
- d) All calibration and evaluation documents related to the testing equipment should be kept of a period of five (5) years.

Any aptitude or competency test and any documents related to such tests must be kept for a period of one (1) year.

10. Tax Records

All documentation of and relating to payment of employee's state and federal taxes must be kept for a period of four (4) years after the due date of the tax return or the date the tax is paid, whichever is later.

11. Training Records

Except for employees being employed and trained under the Comprehensive Employment and Training Act, any documentation of or related to training or the selection of candidates for training must be kept for a period of one (1) year from

the date the record was made or from the last personnel action take, whichever is later.

Any documentation of or related to employees being employed and trained under the Comprehensive Employment and Training Act must be retained for a period of five years from the date of enrollment in the program.

C. Documentation of Termination or Departure from Employment

1. Layoff Selection/Termination Records/Transfer Records

Any documents of or related to the selection and execution of a transfer or termination of an employee must be kept for a period of three (3) years from the date the record was made or the date of the last personnel action, whichever is later.

III. Governance and Administrative Documents

A. Governance Records

1. Agenda and Agenda Packets

All agendas and agenda packets must be kept until administrative value ends.

2. Budgets

All budget documents must be kept for a period of five (5) years.

3. Bylaws

A copy of the current bylaws must be kept on file at all times. All superseded bylaws must be kept for a period of three (3) years after superseded.

4. Directives, Policies, and Rules

A copy of the current directives, policies, and rules must be on file at all times. All superseded directives, policies, and rules must be kept for a period of three (3) years after superseded.

5. Minutes

All minutes of the meetings of any administrative or governing body must be kept permanently.

6. Recordings of Meetings

All recordings of the meetings of any administrative or governing body must be kept until the minutes of those meetings have been approved.

B. Administrative and Business Records

1. Business Contracts

All business contracts other than physician contracts must be kept for a period of three (3) years from the date of their expiration or termination.

2. Financial and Accounting Documents

All financial, sales, and accounting documentation including accounts and payments must be kept for a period of three (3) years after the account has been closed or complete payment has been made.

3. Legal Opinions and Correspondence

All legal opinions and correspondence with legal counsel must be kept for a period of three (3) years.

4. Medicaid Program Documents

All administrative documents of or related to the Medicaid program that are not classified as medical records must be kept for a period of five (5) years.

All Medicaid Cost Reports and supporting documentation must be kept for a period of seven (7) years beginning on the date of final settlement (NPR). For more information regarding Cost Report documentation see Organizational Policy 1211 entitled Cost Report Documentation.

Any document that contains Protected Health Information (PHI) as defined by HIPAA that is not considered a part of the patient's medical record must be kept for a period of six (6) years or for two (2) years after the patient's death, if patient dies during the six-year period, whichever is longer.

5. Medicare Program Documents

All administrative documents of or related to the Medicare program that are not classified as medical records or Protected Health Information (PHI) as defined by HIPAA must be kept for a period of five (5) years.

All Medicare Cost Reports and supporting documentation must be kept for a period of seven (7) years beginning on the date of final settlement (NPR). For more information regarding Cost Report documentation see Organizational Policy 1211 entitled "Cost Report Documentation."

Any document that contains Protected Health Information (PHI) as defined by HIPAA that is not considered a part of the patient's medical record must be kept for a period of six (6) years from the date of creation or when it was last in effect, whichever is later.

6. Private Insurance Documents

All private insurance documentation that does not constitute part of a patient medical record must be kept until its administrative value ends or for the period required by each applicable provider agreement or insurance contract, whichever is later.

IV. Medical Records

A. Definitions

1. "Adult Patient" means a patient who is provided medical services by a staff member of Onslow Memorial Hospital who is eighteen (18) years of age or older at the time the services are rendered.

2. "Medical Record" means health data relating to the diagnosis or treatment of physical or mental ailments of an individual including personal information that relates to an individual's physical or mental condition, medical history, or medical treatment.

3. "Minor Patient" means a patient who is provided medical services by a staff member of Onslow Memorial Hospital who is under the age of eighteen (18) at the time the services are rendered.

B. Patient Medical Records

1. Adult Patients

All medical records for an adult patient must be kept for a period of eleven (11) years following the discharge of an adult patient.

2. Minor Patients

All medical records for a minor patient must be kept until the minor patient's thirtieth (30th) birthday.

C. Employee Medical Records

Medical records documenting treatment of employees by Onslow Memorial Hospital are not retained under the guidelines of this section but under the guidelines of "Patient Medical Records" under this policy.

1. Physical Examinations

Except for worker's compensation documents, any documentation of or related to physical examinations considered in connection with any personnel action must be kept for a period of one (1) year.

2. Medical Records under the Family and Medical Leave Act (FMLA)

All records and documents including an FMLA leave request relating to medical certifications, recertification or medical histories of employees or employees' family members shall be maintained in separate files and must be kept for a period of three (3) years.

3. Medical Records under the Occupational Safety and Health Act (OSHA)

All records and documentation of or related to any medical examinations required by OSHA shall be kept for the duration of the employee's employment plus thirty (30) years.

All medical records and documentation of or related to the exposure of an employees to any hazardous or infectious material, blood, or blood borne pathogens must be kept for the duration of the employee's employment plus thirty (30) years. For more information regarding the retention of employee medical records related to the exposure of an employees to any hazardous or infectious material, blood, or blood borne pathogens see Infection Control Policy 1112 entitled "Bloodborne Pathogens Exposure Control Plan."

V. Electronic Communications

Electronic communications include all communications in an electronic medium, including email messages, text messages, social media messages, and electronic instant messages. Electronic communications that are solely personal in nature and do not pertain to matters related to hospital business or medical care do not require retention under this policy. In addition, electronic communications used for messages of a short-lived nature (functioning in the way a telephone call or voicemail message would function) may be treated as having an administrative value that ends when the user no longer needs the information in the record. Thus, electronic communications of temporary or rapidly diminishing value may be erased or destroyed when the user determines that its reference value has ended.

All electronic communications of a business or medical nature shall be kept for a period of at least three (3) years, unless the administrative value of the electronic communication is determined to require a longer retention period.

Electronic communications include all attachments sent with those communications. In any event where the electronic version of an electronic communication or its attachment is the only form of a document required to be maintained by this policy, the electronic data (electronic message and/or attachment) must be kept for the period specified by this policy for the appropriate category of document.

For the purpose of retaining electronic communications, the retention period begins to run when the last communication in the chain of responses is sent or received from any recipient or sender that is found in the chain, unless another section of this policy states a different beginning date.

All electronic communications created or received by Hospital staff regarding the medical treatment of a patient (whether to the patient (or anyone responsible for making decisions regarding the care of a patient), or a health care provider involved in the treatment of the patient) shall be added to and become a part of the patient's medical record and shall be kept in accordance with Section IV of this policy. For the purposes of calculating the beginning of the retention period, the period begins to run upon the later to occur of: (i) when the patient is discharged or (ii) when the last electronic communications in the chain of responses is sent/received by OMH staff.

VI. Record Destruction

When the period for retention has been satisfied under this policy or pursuant to any state or federal law, the documents and records shall be destroyed as follows:

A. Records in Tangible Form

All records stored in physical/tangible form (e.g., paper records, microfilm and microfiche) which contain confidential information shall be destroyed by the method described in Hospital Organization Policy No. 1005 entitled "Destruction of Confidential Documents." Any records stored in physical/tangible form which **do not** contain confidential information may be disposed of in the manner deemed appropriate by the Manager of the Department maintaining the record.

B. Electronic Records

All records stored on portable disks or drives including but not limited to Compact Disks (CDs), Digital Versatile Disks (DVDs), Flash Drive, or Zip Disks shall be completely erased off of such disks or drives if possible. If not possible, such disks shall be destroyed by any method that renders the disk unusable.

All documents stored on a hard drive or on a server or servers are to be erased completely if the hard drive, server or computer containing the hard drive is to remain in the possession of the Hospital. If computers or servers containing such hard drives are to be disposed of or transferred from the Hospital's possession for any reason, the hard drives shall be removed and completely destroyed by any method that renders the hard drive unusable.

C. Notice Given Prior to Destruction of Medical Records

The hospital shall give public notice thirty (30) days prior to destruction of patient medical records, to permit former patients (representatives) to claim the record. Public notice will be accomplished by: (1) written notice to the former patient(s) or their

representative(s) (may be accomplished through legal notice publication process) and (2) newspaper advertisement.

The notice shall not disclose any information to the public that personally identifies any individual patient. The public notice should only specify the pertinent dates of care to which the medical records pertain (e.g., "Any records created for patients whose discharge or final treatment was prior to December 31, 2000.")

AUTHORITY: 26 C.F.R. § 31.6001-1; 29 C.F.R. §§ 516.5, 516.6, 825.500, 1602.7, 1602.20, 1602.21, 1607.4, 1607.12, 1607.14, 1627.2, 1627.3, 1627.6, 1630.14, 1904.41, 1904.42, 1910.1020, 1910.1030; 42 C.F.R. § 482.24; 45 C.F.R. §§ 164.105, 164.530; N.C.G.S. §§ 75-64, 90-410, 130A-372, 132-1, 132-1.1; 10A N.C.A.C. §§ 13B.3605, 13B.3903, 13B.3905

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