PROCEDURE STATEMENT:
To inform the HQ workforce of appropriate procedures relating to the retention and destruction of Document/records.

PROCEDURE:
1. In accordance with the Document Retention and Destruction Policy all specified Document/records must be maintained according to the outlined schedules.
2. A Document/record shall not be approved for disposal if such Document/record contains information that the Department Director knows, has queried other appropriate Department Directors (e.g. Legal, Finance, Risk Management, Operations), or reasonably should know is:
   a. Relevant to the subject of a contemplated or ongoing Legal Proceeding
   b. Reasonably calculated to lead to the discovery of relevant Document/records in a Legal Proceeding
   c. Reasonably likely to be requested during discovery in a Legal Proceeding
   d. Subject to a pending discovery request in a Legal Proceeding. Once the Legal Proceeding is finalized, the relevant Document/records may be disposed of in accordance with the Schedule and the requirements of the Policy.
3. In the absence of a Legal Proceeding, Document/records will be destroyed or disposed of upon completion of the applicable Retention Period. Retaining any Document/record past its mandatory Retention Period should be on an exceptions only basis after weighing the potential usefulness of the Document/record against cost or space limitations.
4. The disposal of all Document/records in paper form shall be carried out by the Retention and Disposal Agent at the direction of the Department Director with the prior written approval of the Department Director’s supervising senior or executive manager.
   a. An itemized listing of all Document/records to be disposed of, which must at minimum include dates of service or dates of creation, should be submitted to the Department Director.
   b. The Department Director must provide written approval, which shall be retained in the respective department’s electronic file folder, along with the detailed listing, for a period of three years from the date of disposal and then destroyed.
5. The disposal of all Department Electronic Document/records located on information systems shall be carried out at the direction of the Department Director with the prior written approval of the Department Director’s supervising senior or executive manager.
a. An itemized listing of all Document/records to be disposed of, which must at minimum include dates of service or dates of creation, should be submitted to the Department Director.

b. The Department Director must provide written approval, which shall be retained in the respective department’s electronic file folder, along with the detailed listing, for a period of three years from the date of disposal and then destroyed.

6. Document/records in paper form containing confidential patient information will be physically disposed of in the following manner:

   a. HIPAA-compliant containers will be placed in areas throughout each HQ facility.
   b. Employees shall place Document/records containing confidential patient information (i.e., PHI) into the HIPAA-compliant containers.
   c. The contents of these secure containers will be collected on a routine basis and transported off-site via a secure container for destruction.
   d. A log will be maintained for each pickup and destruction of such Document/records.
   e. Destruction certificates will be kept in the HQ Environmental Services Office.

REFERENCES:
Document Retention and Destruction Policy

ENFORCEMENT:
All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process. Failure to comply with this process will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

POLICY HISTORY:
Supersedes: 2/27/2014
Original Implementation Date: 9/1/2006
Date Reviewed: 2/14/2018
Date Revised: 2/14/2018

APPROVAL:

_______________________________________    ____________________________
Policy Owner      Date

2/14/18