**Purpose**: To ensure that each department within the hospital complies with Montana State Statute as well as other laws and regulations governing the retention of records and to provide a means whereby the hospital can retire and selectively destroy records at such time that State Statutes, or other governing regulations have been satisfied.

**Scope**: All Hospital personnel

**Policy**:

1. It is the hospital’s policy to apply effective and cost efficient management techniques to maintain complete, accurate, and high quality records. Records are to be retained in accordance with all applicable laws and regulations and this policy.
2. Records that have satisfied their required period of retention will be destroyed in an appropriate manner.
3. All hospital employees and agents are responsible for ensuring that all records are created, used, maintained, preserved, and destroyed in accordance with this Records Management Policy.
4. Records containing confidential and proprietary information will be securely maintained, controlled and protected to prevent unauthorized access.
5. All records generated by the hospital are the property of the hospital, without exception.
6. The unauthorized destruction, removal or use of such records is strictly prohibited.
7. No one will falsify or inappropriately alter information in any record or document.
8. The CEO has designated the Corporate Compliance Officer as the individual to be responsible for implementing and maintaining hospital records management programs in accordance with this policy.
9. Information pertaining to unauthorized destruction, removal, or use of hospital records or regarding falsifying or inappropriately altering information in a record or document should be reported to management, or to the Corporate Compliance Officer immediately.

**Definitions:**

1. **Definition of records**:

A record is recorded information, regardless of medium or characteristic that can be retrieved at any time. It includes, but is not limited to, all original documents, papers, letters, x-rays, cards, books, maps, photographs, blueprints, sound or video recordings, microfilm, magnetic tape, electronic media and other recording media that are generated and/or received in connection with transacting hospital business. These are the records to which retention schedules apply.

1. **Definition of records continued**:

Hospital business records include, but are not limited to, letterhead, correspondence, legal opinions, real estate documents, directives and policies, official meeting minutes, personnel records, benefit programs, purchasing acquisitions and invoices, accounts payable and receivable documents, tax documents, reimbursement documents, completed and signed forms, contracts, insurance documents, general ledgers, audit reports and financial reports.

Medical or patient records include clinical data as well as patient demographic and financial data.

1. **Definition of E-Mail Communications**

E-mail communications, messages and documents transmitted by e-mail are similar to paper documents. They may be considered business records and are subject to this policy. If the printed form of the e-mail message would require retention under this policy, then the e-mail must be retained accordingly.

1. **Development of Records Retention Schedules**

All records will be maintained and retained in accordance with Federal and State laws and regulations. Minimum retention schedules can be found in *Attachment B.*

# Active/Inactive Records

Records are to be reviewed periodically to determine if they are active or inactive. Records that are no longer required as active will be reviewed and assessed for storage. Duplicate, multiple and non-record materials are not to be sent to storage, but should be destroyed. Whenever possible, the official record is the one that will be retained accordingly.

**Procedure:**

## Records Storage

Those records qualifying for storage outside any department specific area will be stored in a place designated by the Hospital CEO and the Plant Operations Manager. It is the responsibility of the Plant Operations Manager to ensure the security of the storage unit and to maintain environmental integrity to accommodate the different media chosen for storage.

## Records Destruction

* 1. Records that have satisfied their legal, fiscal and administrative requirements may be destroyed when their statutory requirements have been fulfilled. A Certificate of Records Destruction file (*Attachment A)* will be maintained by the Corporate Compliance Officer.
	2. Hospital records must be destroyed in a manner that ensures the confidentiality of the records and renders the information no longer recognizable as Hospital records. Types of methods which may be employed include, but are not limited to, recycling, shredding, burning, pulping, pulverizing and magnetizing.
	3. Hospital records should not be placed in trash receptacles unless the records are rendered unrecognizable as a hospital record.
	4. It is the responsibility of the Department Manager who has made the arrangement for pickup by a document destruction company to check the loading area for any fallen items that may contain protected health information and dispose of them.
	5. When the Department Manager is preparing to purge and destroy a large amount of protected health information, notify the HIM Manager, the Plant Operations Manager, and the HIPAA Privacy Officer of the department’s action plan. If these individuals are not available, notify the Administrator on Call.

### Reporting Mechanisms

In the event that an employee believes another employee, a contractor or other individual is violating this policy, he/she should contact his/her immediate supervisor, or the Corporate Compliance Officer immediately.

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| **Rule/Cite/Tag:** See Montana statutes in Attachment. |
| **Hospital Policy Cross Reference:**  None |
| **Replaces:**  |
| **Approved by:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CEO name, Chief Executive Officer | **Date Approved:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |