



**Vice President and Chief Executive Officer of the Medical Center**

**MEDICAL CENTER POLICY NO. 0266**

A. SUBJECT: Records Management: Records/Document Retention and Disposition  
(formerly Records Management/Document Retention and Destruction)

B. EFFECTIVE DATE: April 1, 2014 (R)

C. POLICY:

The Medical Center maintains records and documents for specified periods of time to comply with state and federal laws, requirements of regulatory agencies, and audit requirements. The Virginia Public Records Act (VPRA) and University of Virginia policy<sup>1</sup> prohibit individuals and departments from destroying, discarding, selling or giving away public records without proper authorization. This policy outlines the procedures for establishing records retention and disposition schedules, for retaining records within departments, central storage or off-site storage, and for the disposition of records after the specified retention period has been satisfied. The Medical Center's Records Manager in the Office of Patient Safety and Risk Management will coordinate implementation of this records management policy.

D. Definition of a Public Record:

The VPRA defines a public record as: Information that documents a transaction or activity by or with any public officer, agency or employee of an agency. Regardless of physical form or characteristic, the recorded information is a public record if it is produced, collected, received or retained in pursuance of law or in connection with the transaction of public business. The medium upon which such information is recorded has no bearing on the determination of whether the recording is a public record. (Code of Virginia § 42.1-77)

Record formats/media include but are not limited to: email, electronic databases, electronic files, paper, audio, video and images (photographs).

Public records, except for those exempt under the Virginia Freedom of Information Act, must be available for access throughout their retention period per *Code of Virginia* § 2.1-340 et seq. Regardless of physical form or characteristic, this definition includes electronic information such as e-mail and text messages.

E. PROCEDURE:

1. Establishment of Records Retention and Disposition Schedules

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<sup>1</sup> See [University of Virginia Policy No. IRM-017 – Records Management](#)

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- a. A records retention and disposition schedule specifies the time period for which various types of closed records /documents must be kept before they must be processed for disposition, or archived. Records retention and disposition schedules have been established by the Library of Virginia for many records/ documents that are generated by or provided to state agencies. Records retention and disposition schedules establish the retention period for affected Medical Center records/documents. If there are applicable laws, regulatory, audit and/or contractual requirements that require a retention period longer than those established in the Library of Virginia's records retention and disposition schedules, those requirements shall be brought to the attention of the Library of Virginia for incorporation into the records retention and disposition schedules *via* the Medical Center Records Manager.
- b. Each department manager shall be responsible for taking an inventory of all records/documents within his/her area to ensure that a records series (type) included within a records retention and disposition schedule has been established for his/her departmental records/documents. Contact the Medical Center Records Manager for assistance. The Office of Patient Safety and Risk Management shall maintain the records retention and disposition schedules for use by the Medical Center that reflects the requirements of the Library of Virginia. Copies of the records retention and disposition schedules shall be available from the Medical Center Records Manager in the Office of Patient Safety and Risk Management upon request.

The Records Retention and Disposition Schedules can also be found online at

<http://www.healthsystem.virginia.edu/pub/risk-management/guidelines/recordsmanagement.html>

- c. The records retention and disposition schedule applies equally to all forms of media. This means the records retention and disposition schedule applies to the record, whether the record is created on paper or by electronic devices, and whether stored in paper, magnetic or optical media format.

## 2. Storage and Retrieval of Records

- a. Departments may store records and documents within their own areas for the time period specified in the records retention and disposition schedule as long as there is adequate secure space available. Records stored locally by departments shall be maintained in a manner that protects the integrity of the documents. Contact the Medical Center Records Manager in the Office of Patient Safety and Risk Management for assistance with records security.
- b. Departments choosing to store records off-site shall only use Medical Center approved off-site storage facilities. All records/ documents which are to be stored off-site must be packaged and labeled according to guidelines developed and approved by the Medical Center Records Manager in the Office of Patient Safety and Risk Management. The transmittal used for the off-site storage of boxes of records must contain the appropriate General Schedule Number, Records Series Number with Series Description, To and From Dates, and the calculated Disposition Date for the records. The retrieval of records from the off-site storage facility will be by written request only, coordinated with the staff of the facility.
- c. Patient medical record information will be maintained by the Health Information Services Department. The master medical record of each patient treated at the Medical Center will contain documentation of all patient encounters (i.e., inpatient, outpatient and emergency

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department visits). The paper copy of the medical record will be retained until the Health Information Services Department determines that it is appropriate to transfer it to another storage medium or until it has reached the end of its retention period. The Health Information Services Department may be consulted for advice regarding medical record documents. See [Medical Center Policy No. 0094 “Documentation of Patient Care \(Electronic Medical Record\)”](#) and [Medical Center Policy No. 0218 “Definition, Characteristics, Authentication and Maintenance of the Medical Record and Designated Record Set”](#) for additional information regarding content of the master medical record.

#### 1. Destruction of Records

- a. Records on an established records retention and disposition schedule must be processed for disposition at the end of the specified retention time period. Records not on an established records retention and disposition schedule may not be processed for disposition until after the record series (type) has been added to the schedule. The Medical Center Records Manager in the Office of Patient Safety and Risk Management should be consulted for advice regarding appropriate disposition method for all records and must approve of the disposition of all records prior to their disposition. The completion of a Certificate of Records Destruction Form RM-3 is required for the disposition or destruction of all records.
- b. Paper records containing confidential information such as Protected Health Information, Personal Identifiable Information, Highly Sensitive Information, Sensitive Information or identifiable patient information as defined in [Medical Center Policy No. 0021 “Confidentiality of Patient Information”](#), must be destroyed by either shredding on-site or utilizing a confidential recycling process that results in materials being shredded. If a confidential recycling process is used, the department staff must ensure the security of paper records until the recycling staff picks them up from a designated secure recycling location. Paper documents containing confidential information must not be discarded in the regular trash. Copies of records containing confidential information must be handled in the same manner as the original records. All records and documents originating from the Medical Center must be considered confidential and must be disposed of through the confidential paper recycling process or shredded on-site.
- c. Electronic records (including e-mails) have the same retention time and disposition as their matching paper records and must be processed for disposition at the end of their retention period according to specific procedures as defined by Health System Computing Services and existing system limitations. Deleting the electronic record does not constitute complete record disposition/destruction. For additional information see [Medical Center Policy No. 0227 “Protection of Electronic Information and Information Systems”](#).
- d. Employees who receive information indicating that an audit of, investigation of, or litigation involving, Medical Center operations may be pending or is underway should notify the Medical Center Corporate Compliance Officer, Medical Center Senior Management, Office of General Counsel and the Medical Center Records Manager immediately for advice on preservation of potentially relevant records. Routine record destruction procedures of relevant records/documents shall be suspended, including auto-delete procedures for e-mail and other electronic records until the audit, investigation, or litigation is complete. Records retention continues during the audit, investigation or litigation. Disposition may resume after completion of the audit, investigation, or litigation. A record re-opened and modified during the audit, investigation, or litigation is considered a new record with the retention period

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starting over on the closed date of the modified record ([See Medical Center Policy No. 0223 "Government and Regulatory Investigation Response"](#)).

SIGNATURE:

  
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R. Edward Howell, CEO, UVA Medical Center

DATE:

  
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Medical Center Policy No. 0266 (R)  
Approved September 2005  
Reviewed June 2006, September 2012  
Revised September 2009, March 2014  
Approved by Chief Technology and Health Information Officer  
Approved by Medical Center Administration