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Records Retention and Destruction Policy	
Developed By: Record Retention Committee	Effective Date: 1/10/2022
Policy Owner: Record Retention Committee	Approved by: Douglas Brown, President, UMMH & CAO/CLO, UMMH
Applicability: UMMHC Workforce Members	Approved by: Eric Dickson MD, CEO UMass Memorial Health
Keywords: Record, Retention, Destruction, Disposal, Non-Record, Obsolete, Protected Health Information, PHI	

Policy

This policy addresses the retention of UMass Memorial Health (UMMH) Records, as defined in this policy, and destruction of UMMH's Records and non-record documents. The retention periods set forth in the attached [Records Retention Schedule](#) are the minimum retention periods required by UMMH. At the conclusion of the retention period, the UMMH Records should be properly destroyed.

UMMH will retain and destroy UMMH Records as described below.

- Retention:
 - UMMH Records must be retained by the UMMH Record Owner for the retention period specified in the attached [Records Retention Schedule](#).
 - The attached [Records Retention Schedule](#) lists different types of Records and the length of time those Records must be retained. Questions regarding the retention period for a specific document or class of documents should be addressed to the Office of General Counsel, your entity's compliance officer or the Internal Audit office.
 - Requests to change or update Records Retention Schedules should be made in writing and sent via e-mail to RecordRetentionUMMHC@umassmemorial.org.
 - All UMMH Records and non-record documents subject to a legal hold pursuant to the Litigation/Investigation Document Hold Policy **may not be destroyed and must be retained** until the release of the hold is approved by the Office of the General Counsel or by an outside counsel engaged by either the Office of the General Counsel or the Office of Claims Management.
 - UMMH Records and non-record documents that contain confidential and proprietary information in nature must be secured, controlled, and protected to prevent unauthorized access in accordance with UMMH Privacy and Information Security policies and procedures.
 - UMMH Records are the property of UMMH and therefore no UMMH Workforce Member has the right to access such Records except as required to perform their job duties, or to personally retain a copy of Records unless otherwise approved even if they may have developed or compiled them.
 - UMMH Workforce Members may not falsify or inappropriately alter information in any UMMH Record and/or non-record document.

- Destruction:
 - If the Record retention period has expired, the UMMH Record should be destroyed.
 - No medical record should be destroyed without written approval from the AVP of Health Information Management (HIM).
 - UMMH Records will be destroyed in a manner that does not allow for the information to be retrievable, recognizable, reconstructed or practically read. Non-UMMH Records that **contain** Protected Health Information, Personal Information or confidential/proprietary information will be destroyed in a manner that does not allow for the information to be retrievable, recognizable, reconstructed or practically read.
 - In instances when UMMH Records and non-UMMH Records that **contain** Protected Health Information, Personal Information or confidential/proprietary information are stored in an electronic format, such as on a UMMH managed device (i.e., computer or phone), flash drive, CD, etc., the I.S. Support Center will be contacted to ensure proper destruction of the information.
 - If the [Records Retention Schedule](#) specifies that a regulatory or other notice must be provided prior to destruction, destruction may not occur until regulatory requirements have been met.
 - The unauthorized destruction or removal of UMMH Records is strictly prohibited.

- Storage
 - All UMMH Records archived after the effective date of this policy must be indexed and labeled with the UMMH Record Owner, type of Record, Record description, and date when the record can be destroyed.
 - Storage areas for inactive archived paper records can include an area inside the facility that has been approved for records storage use by the Office of the General Counsel, your entity's compliance officer or the Internal Audit office, or an off-site, private, professional record storage facility with which UMMH has an active contract for storage or retrieval services. NOTE: Garages, basements, homes, trailers, storage warehouses, or mini-storage facilities are not acceptable for storage of inactive archived paper records.
 - Electronic archived records should be retained for the period defined within the [Records Retention Schedule](#) and securely destroyed by UMMH or at UMMH's direction by the vendor of the electronic archive when all conditions required for destruction have been met.

Definitions

Personal Information (PI) – a Massachusetts resident's first name and last name or first initial and last name in combination with any one or more of the following data elements: a) Social Security number; b) driver's license or state-issued identification card number; or c) financial account number or credit or debit card number, with or without any required security code, access code, personal identification number or password, that would permit access to a resident's financial account.

Protected Health Information (PHI) - information created, transmitted, received or maintained by the UMMH entity or OHCA, including demographic information, related to the:

- Past, present, or future physical or mental health or condition of an individual;
- Provision of health care to an individual; or
- Past, present, or future payment for the provision of health care to an individual **together with** any of the identifiers in the list below.

Names (of patients, relatives, or employers)	Social security numbers	Device identifiers and serial numbers
All geographic subdivisions smaller than a State	Medical record numbers	Web Universal Resource Locators (URLs)
All elements of dates (except year) including birth date, admission	Health plan beneficiary numbers	Internet Protocol (IP) address numbers

date, discharge date, date of death; and all ages over 89		
Telephone numbers	Account numbers	Biometric identifiers, including finger and voice prints
Fax numbers	Certificate/license numbers	Full face photographic images and any comparable images
Electronic mail addresses	Vehicle identifiers and serial numbers, including license plate numbers	Any other unique identifying number, characteristic, or code

- PHI does not include information maintained about an individual by a UMMH entity for employment purposes, such as employee health records.
- **Note:** Information for deceased individuals continues to be PHI until the individual has been deceased for more than 50 years.

UMass Memorial Health (UMMH): any legal entity wholly owned or controlled, directly or indirectly, by UMass Memorial Health Care, Inc., as applicable.

A **UMMH Record** is defined as follows:

- Any document generated and/or received relating to providing patient care or transacting UMMH business that records a business decision or outcome (such as an approval or report), sets policy, establishes guidelines or procedures, is a contract, is an attestation, records property transactions, relates to tax, insurance and financial reporting, records completion of a required task, is regulatorily required information, certifies a transaction, becomes a receipt, relates to an individual's employment and performance, or is part of the official medical record. A document is a Record based on its content, not based on its format. As a result, Records may be in paper, electronic, or any other format. Specific format examples include, but are not limited to, papers, letters, e-mails, medical records, x-rays, cards, books, maps, photographs, blueprints, sound or video recordings, microfilm, magnetic tape, electronic media, web files, and other information recording media, regardless of physical form or characteristic. A UMMH Record can be a record of UMMH or one of UMMH's entities.

Non-Record documents are defined for the purpose of this policy as follows:

Documents that are not included in the definition of a Record above, including, but not limited to informal or short-term communication with short-lived or no administrative value, informal meeting notes, copies of Records used for short-term purposes, voicemail, self-sticking notes, and telephone messages, unless the documents are subject to a subpoena, warrant, or government investigation. Any document which there is not a legal or business need to retain. Please see the attached Record Retention Schedule for current list of UMMH records. Please contact the Office of General Counsel, your entity's compliance officer or the Internal Audit office with any questions about whether or not a document is a record.

UMMH Record Owner – the individual or department designated as the official keeper of a Record for the purpose of this policy. This designation is made within this policy's accompanying [Records Retention Schedule](#). Other individuals may have copies of Records, but the Record holder must retain the Record for the time required under this policy or under a litigation hold.

Workforce Member – All employees, contractors, volunteers, trainees (including medical students, interns, residents, allied health professional and business students), members of the medical staff including employed and private physicians, nurses in expanded roles, physician assistants, temporary employees, and other persons employed, credentialed or under the control of UMMH whether or not they are paid by UMMH.

Required Criteria for Procedure

N/A

Entity/ Department Specific Procedures

[Record Retention Schedule](#)

Supplemental Materials

N/A

Rescission

Supersedes policies:

- Records Retention and Destruction, dated: 12/5/2019
- Destruction of Obsolete Protected Health Information Materials, dated: 6/29/2018

References

N/A