



North Shore – LIJ Health System, Inc.
Facility Name

POLICY TITLE: Records Retention and Destruction	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
POLICY #: 100.97	CATEGORY: Administrative
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Prepared by: Office of Legal Affairs	Superseded Policy(s)/#: 100.17; 100.44; 200.10

GENERAL STATEMENT of PURPOSE

The purpose of this policy is to: (i) ensure that all Records (as defined below) are retained for appropriate periods of time; (ii) require that all Records be stored consistently throughout the North Shore-Long Island Jewish Health System (“Health System”); and (iii) allow for outdated records to be destroyed in a proper manner.

POLICY

It is the policy of the Health System that all Records be retained, regardless of physical form, medium or characteristic, in accordance with applicable: (1) Federal, State and/or local law and regulation; (2) statutes of limitation; and/or (3) contractual requirements. All members of the Health System workforce shall adhere to the retention periods set forth in the Record Retention Schedule attached hereto, and shall be responsible for ensuring the security, privacy and confidentiality of medical records, as required by law, accrediting agencies, and specific Health System policies.

SCOPE

This policy applies to faculty and students of the Hofstra North Shore-LIJ School of Medicine (“School of Medicine”) conducting work or research on behalf of the School of Medicine or at any North Shore-LIJ Health System facility; and all members of the North Shore - LIJ Health System workforce including, but not limited to, employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or conducting research at or on behalf of the North Shore - LIJ Health System.

DEFINITIONS

1. Record

For purposes of this policy, the term Record refers to information that is created, received, and/or maintained by the Health System (regardless of physical form or medium) that contains information with operational, legal, fiscal, or historical value.

The term Record includes, but is not limited to: corporate documents, tax documents, reimbursement documents, completed and signed forms, contracts, documents related to contracts, insurance documents, general ledgers, audit reports, financial reports, billing documents, correspondence, legal opinions, real estate documents, directives and policies, official meeting minutes, personnel records, benefit programs, purchasing requisitions and invoices, accounts payable and receivable documents, and patient records (including, but not limited to, clinical data, x-rays, patient demographic, clinical research and financial data).

The term Record may also include e-mail if the communications, messages, documents, files, and other data transmitted with the e-mail contain information that falls within the definition of a Record, as defined above. If the e-mail qualifies as a Record due to its content, the only copy that must be retained is the sender's copy. If someone other than the sender is required to take action pursuant to the e-mail message, that person must also retain a copy. All other e-mail messages and attachments are considered Non-Records (as defined below) and must be purged from the computer system when the e-mail is no longer needed, unless the e-mail is subject to a document hold as discussed below.

As explained below, Records may only be disposed of when the specified retention period set forth in the attached Record Retention Schedule has expired and then only in accordance with the procedures set forth in this policy, provided such Records are not subject to a document hold. (See Section 6 below).

2. Non-Record

Information with no operational, legal, fiscal or historical value (regardless of physical form or medium) is considered a Non-Record. This includes duplicates and copies of existing, maintained Records, blank forms, routine notices, personal email, post-it notes, telephone messages and other forms of messages provided they contain no substantive data relevant to the business operation of the Health System. In addition, drafts generally constitute Non-Records, unless it has been determined that a particular draft, or series of drafts, must be retained, in which case the drafts shall be filed with, and retained for the retention period applicable to the Record to which the draft is related.

The attached Record Retention Schedule does not apply to Non-Records. All Non-Records must be disposed of as soon as they are no longer administratively needed, unless the Non-Record are subject to a document hold as explained below.

3. Electronic Record

For purposes of this policy, the term Electronic Record refers to any Record maintained on microfilm, microfiche, optical disk systems or other similar technologies ("electronic format"), regardless of whether it was originally created in electronic format or the original paper document is scanned into electronic format.

Provided the Electronic Record is properly safeguarded in accordance with this policy:

- Electronic Records need not be printed or retained in paper format; and
- The original paper copy of the Record that was scanned into an Electronic Record may be destroyed provided that the Electronic Record is (i) an accurate reproduction of the original Record; and (ii) readily available.

4. Vital Record

For purposes of this policy, the term Vital Record refers to any Record that is essential to the continued operation of the Health System and/or any member facility. Vital Records include those Records essential to the protection of the rights and interests of Health System and/or any member facility and of the individuals whose rights and interests are the responsibility of the Health System and/or any member facility.

Vital Records include, but are not limited to: all certificates of incorporation and all amendments thereto; corporate bylaws; medical staff bylaws, rules and regulations; reports of inspections and surveys by outside agencies; and all licenses, permits and certifications required by law for the operation of the Facility and/or required for department or medical staff members.

Each member facility of the Health System and/or designated department within each facility must identify and designate as Vital Records those documents that: (1) are essential to the continuity of the member facility, or to the facility's legal and financial status; (2) are necessary for the facility's fulfillment of obligations to employees, patients, regulatory and accrediting agencies, or other individuals or entities; (3) establish facility ownership of assets which would otherwise be difficult to prove; or (4) have other significance to the Facility that warrants retention.

PROCEDURE/GUIDELINES

1. Safeguarding Records

All Records shall be adequately safeguarded and protected, through physical and technical security mechanisms, against intrusion, loss, damage, destruction, and tampering. All Records (regardless of physical form or medium) that contain protected health information shall be maintained and protected in accordance with applicable laws, regulations and Health System policies and procedures (including, but not limited to, HIPAA policies and procedures).

Vital Records shall be duplicated and the duplicates must be stored in an off-site location as discussed below for reconstructive use in the event of catastrophic document loss.

The original Record is the Record that must be retained in accordance with the attached Record Retention Schedule. In the case of an original paper document scanned into an electronic format, the original Record shall be considered the Electronic Record provided the safeguards in the following paragraph are followed.

Each Health System member facility in consultation with IS shall: (i) ensure that all Electronic Records are adequately protected against accidental erasure, hardware malfunction or destruction, whether by archival storage or by other suitable means providing equivalent protection; (ii) ensure that back-up procedures for information and Records stored on the Facilities' computers are implemented on a regular basis to safeguard against the loss of information; and (iii) implement processes to prevent unauthorized access or alteration of a Record after it has been stored electronically.

2. Record Retention Periods

The Record Retention Schedule attached to this policy specifies the required retention periods for certain types of Records and identifies the department within each member facility of the Health System that is responsible for maintaining such Records.

The Record Retention Schedule attached to this policy does not address every Record that is created and/or maintained by the Health System. There may be Records not listed on the attached Record Retention Schedule that must be retained.

Certain hospital departments (e.g., laboratory, radiology) may be subject to specific additional regulatory retention requirements that are not addressed in this Policy. Regulatory requirements take precedence over the requirements of this Policy. The department in possession of the Record to which the regulation applies is responsible for maintaining and retaining the Record for the required period and also for informing the Health System's Information Services Department of the need to maintain any relevant Electronic Record for periods longer than required by the attached Record Retention Schedule.

To the extent that any contractual provision requires the retention of a Record for a period longer than the retention periods listed in the attached Record Retention Schedule or specifies the retention of documents not listed in the attached Record Retention Schedule, the contractual requirement shall control. The member facility or department in possession of the contract and/or to which the contract applies is responsible for maintaining and retaining the relevant Record and/or document for the contractually required period and also for informing the Health System's Information Services Department of the need to maintain any relevant Electronic Record for periods longer than required by the attached Record Retention Schedule.

If a question arises regarding the retention period of a Record that is not listed on the attached Record Retention Schedule, contact your department administrator who, if uncertain, may contact the Health System's Office of Legal Affairs for guidance.

3. Off-site Record Storage

Records that are stored off-site shall be labeled and marked with a disposal date equal to or beyond the period established for retention. The disposal date must always be no later than December 31 of the last year for which the Record must be retained. For example, a document dated May 23, 2006 with a ten-year retention period would be designated for destruction no later than December 31, 2016. Record storage containers and systems must be labeled in sufficient detail that permits prompt and accurate identification must retrieval of the Records become necessary.

Regardless of how the Records are stored, all storage and retrieval systems shall provide for the safety, security, confidentiality and overall integrity of the Records and ensure the security and confidentiality of any patient information contained therein.

4. Destruction of Records

Records that have satisfied their legal, fiscal, administrative and archival requirements may be destroyed upon expiration of the retention period set forth in the attached Record Retention Schedule, unless the Record is the subject of a document hold, in which case such Records must not be destroyed. If there is any question as to how long a particular Record must be retained, that Record must not be destroyed until the question has been resolved.

The destruction date must always be no later than December 31 of the last year for which the Record must be retained. For example, a document dated May 23, 2006 with a ten-year retention period would be designated for destruction no later than December 31, 2016.

A. Records Destruction Authorization

Upon identification of Records for which the retention period has expired, a "Records Destruction Authorization" form (set forth in Appendix B to this Policy) must be completed and must include: the date and method of destruction (if an outside vendor was used, the vendor that performed the service); a description of the disposed Records; the time period covered by the Records; a statement that the Records were destroyed in the normal course of business; and the signature of the department administrator or other appropriate management staff who approved the destruction of the Records. All Records Destruction Authorization forms must be maintained permanently.

B. Methods of Record Destruction

Records subject to confidentiality restrictions (such as patients' medical records, employee medical records and other similar records), regardless of format or medium, must be destroyed in a manner that ensures confidentiality and renders the information unrecognizable (see Policy #800.47). Accordingly, the following approved methods must be used to destroy Records:

- Paper Records: Paper Records must be destroyed by crosscut shredding, burning, pulping or pulverizing excluding Vital Records.
- Electronic Records: Electronic Records, including all back-up tapes, must either be physically destroyed or destroyed by degaussing, zeroization or other method as identified by the Health Systems' Information Services Department to render the previous electronic data unrecoverable and impossible to reconstruct.
- Portable electronic Storage Media: Data storage devices, such as tapes, CDs and floppy disks, must be physically destroyed rather than overwritten with other data to ensure that the data is irretrievable (see Policy #900.26).

5. Annual Reviews

A. Review of Stored Records

Each member facility and/or department of such facility of the Health System shall conduct a file review periodically, but no less than annually, of all Records (regardless of physical form or medium) to ensure that the required Record Retention Periods are applied to such Records.

In addition, each facility and/or department must annually, in a month to be designated by the respective facility and/or department, review the Records at its storage site to determine which

Records have reached their disposal date and arrange for destruction of such Records in accordance with this policy. This review process shall consist of the following:

- Identifying and destroying unnecessary duplicates and multiple copies of documents, including drafts and other Non-Records;
- Reviewing and destroying Records which have exceeded their required retention period; and
- Identifying, grouping and labeling Records that require retention and arranging for appropriate storage of such Records.

C. Review of Processes for Safeguarding Electronic Records

Each member facility, and/or department of such facility of the Health System shall conduct a review of the facility's and/or department's information systems or equipment used for maintaining Electronic Records and its processes for safeguarding Electronic Records periodically, but no less than annually, to ensure that the facility and/or department can:

- Verify the authenticity of the Electronic Record;
- Verify that the Electronic Record has not been altered and, if it has been altered, who altered it and when;
- Guarantee continued access to the Record; and
- Produce a complete and accurate hard copy of the Record when needed.

6. Investigations and Litigation

Upon the Health System's (a) receipt of notice regarding the initiation of an audit or investigation by an outside agency (e.g., a Medicare or Medicaid audit); (b) receipt of service of legal process which involves the Health System's Records; (c) receipt of a complaint that the Health System determines may lead to a formal action or investigation; or (d) determination that it is conducting an internal investigation involving the Health System's Records, the Office of Legal Affairs must be promptly notified to assist in implementing, as deemed appropriate under the circumstances, document holds and issuing the requisite notices to retain relevant documents. Relevant Records shall be retained, and only in accordance with instructions from legal counsel, segregated and stored in a secure location until such time as notice is issued that the hold has been lifted and that the Records are again subject to the retention periods in the attached Record Retention Schedule.

7. Interpretation

Any question regarding the application of this policy or retention requirements for specific types of Records must be referred to the Health System's Office of Legal Affairs.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

100.99 Facility Access Controls Policy

800.47 Disposal Policy for Protected Health and Confidential Health System Information

900.25 Data Encryption and Integrity Policy

900.26 Device and Media Control Policy

CLINICAL REFERENCES

N/A

APPROVAL:	
System Administrative P&P Committee	4/25/13; 11/19/15
System PICG/Clinical Operations Committee	5/23/13; 12/17/15

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CORPORATE / ADMINISTRATION / LEGAL RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
By-Laws, Corporate and Medical Staff	<u>Recommend</u> : Permanent	IRS Publication 4221	Legal
Certificates of Incorporation (including amendments)	<u>Recommend</u> : Permanent	IRS Publication 4221	Legal
Certificates of Need	<u>Recommend</u> : Permanent	Best practices	Planning
Corporate Integrity Agreements	<u>Recommend</u> : 6 years	Best practices	Compliance
Correspondence and Calendars (General)	<u>Recommend</u> : 6 years	Best practices	Every Department
Filings: Governmental and Regulatory	<u>Recommend</u> : Permanent	Best practices	Department involved in filing
Governmental Audits and Investigations (Federal and State)	<u>Recommend</u> : 15 years	Best practices	Finance/ Corporate Compliance
Insurance: Policies / Riders/ Certificates / Papers	<u>Recommend</u> : Permanent	Best practices	Risk
IRS Letter Recognizing Tax-Exempt Status	<u>Recommend</u> : Permanent	IRS Publication 4221	Finance
Licensing and Accreditation Surveys, Inspections and Reports (Joint Commission, DOH, etc.)	<u>Minimum</u> : 10 years <u>Recommend</u> : Permanent	Best practices NY Pub. Health Law §2805(g)	Quality
Litigation: Final Judgments, Settlements, and Court Orders	<u>Recommend</u> : 20 years	Best practices	Legal
Meeting Minutes: Board of Trustees Committee and Departmental	<u>Recommend</u> : Permanent	IRS Publication 4221	Body conducting the meeting
Operating Certificates, Licenses, and Permits	<u>Minimum</u> : 6 years <u>Recommend</u> : Permanent	Best practices 18 NYCRR §517.3 18 NYCRR §504.3 18 NYCRR §540.7(a)(8) MMIS Provider Manual; Information for All Providers – General Policy	Planning
Subpoenas	<u>Recommend</u> : 6 years	Best practices	Department whose Records are being sought

FINANCIAL/ TAX/ BILLING RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Annual reports and financial statements	<u>Recommend:</u> Permanent	Best practices	Finance
Audit reports, external	<u>Minimum:</u> 3 years from filing or date filing due, whichever is later <u>Recommend:</u> Current year + 6 years	26 CFR §301.6501 (a)-1 26 CFR §301.6501 (e)-1T 26 CFR §301.6501 (c)-1-3 Best practices	Finance
Billing records, including but not limited to: <ul style="list-style-type: none"> ➤ Claims forms ➤ Charge slips and encounter forms ➤ Business and accounting records referring to specific claims ➤ Patient/debtor billing history ➤ Medicare secondary payor (MSP) questionnaires 	<u>Minimum:</u> 6 years from date of payment (except for MSP questionnaires, which is 10 years) <u>Recommend:</u> 10 years	18 NYCRR §517.3 18 NYCRR §504.3 18 NYCRR §540.7(a)(8) MMIS Provider Manual; Information for All Providers – General Policy Medicare Claims Processing Manual, Ch. 1, §110 MSP Manual, Chapter 3, 20.2.2 Best practices <ul style="list-style-type: none"> ➤ NY State Finance Law Section 192 (1) ➤ 31 USC §3731 (b) 	Finance
Budget work papers	<u>Minimum:</u> 3 years from filing or date filing due, whichever is later <u>Recommend:</u> Current year + 6 years	26 CFR §301.6501 (a)-1; 26 CFR §301.6501 (e)-1T; 26 CFR §301.6501 (c)-1-3 Best practices	Finance
Correspondence and telephone logs regarding contact with government representatives and/or billing agents, and commercial payers regarding billing-related issues	<u>Recommend:</u> 10 years	Best Practices	Managed Care/ Finance and the Department generating the correspondence and/or making contact

FINANCIAL/ TAX/ BILLING RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Cost reports, work papers and support papers	<u>Minimum</u> : 6 years from date of filing <u>Recommend</u> : 10 years* for all cost reports EXCEPT for the base year cost report and work papers, which must be retained indefinitely, until rebasing occurs	Medicare Claims Processing Manual, Ch. 1, §110 18 NYCRR §517.3(a)(1) Best practices	Finance
Donor records related to dedicated donor funds and special funds, including any correspondence and documentation related to funds that were raised	<u>Recommend</u> : Permanent	26 CFR §301.6501 (a)-1 26 CFR §301.6501 (e)-1T 26 CFR §301.6501 (c)-1 -3 Best practices	Finance/Foundation
Explanation of Benefits	<u>Minimum</u> : 6 years from date of payment <u>Recommend</u> : 10 years	Best Practices	Finance
Financial reports, including work papers and general ledgers	<u>Minimum</u> : 3 years from filing or date filing due, whichever is later <u>Recommend</u> : Current year + 6 years	26 CFR §301.6501 (a)-1 26 CFR §301.6501 (e)-1T 26 CFR §301.6501 (c)-1-3 Best practices	Finance
Financial statements	<u>Minimum</u> : 3 years from filing or date filing due, whichever is later <u>Recommend</u> : Current year + 6 years	26 CFR §301.6501 (a)-1 26 CFR §301.6501 (e)-1T 26 CFR §301.6501 (c)-1-3 Best practices	Finance
Procurement records: Bids (accepted)	<u>Recommend</u> : Active + 7 years	48 CFR §4.805(b)(2), (3) 48 CFR §2.101	Procurement
Procurement records: Bids (rejected)	<u>Recommend</u> : 7 years	48 CFR §4.805(b)(5)	Procurement
Procurement records: Purchase orders / supply requisitions (electronic and paper)	<u>Recommend</u> : 10 years	Best practices	Procurement

FINANCIAL/ TAX/ BILLING RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Self-pay patient records, including attempts at collection	<u>Minimum</u> : 3 years from filing or date filing due, whichever is later <u>Recommend</u> : Current year + 6 years	26 CFR §301.6501 (a)-1 26 CFR §301.6501 (e)-1T 26 CFR §301.6501 (c)-1-3 Best practices NY CPLR §213	Finance
Tax Returns	<u>Minimum</u> : 3 years from filing or date filing due, whichever is later <u>Recommend</u> : Permanent	26 CFR §301.6501 (a)-1 26 CFR §301.6501 (e)-1T 26 CFR §301.6501 (c)-1 -3 Best practices	Finance

RECORDS OF REPORTS TO DEPARTMENT OF HEALTH; STATISTICAL RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Register of admissions/discharges	<u>Recommend:</u> Permanent	Best practices	Admitting Medical Records
Register of births	<u>Recommend:</u> Permanent	Best practices	Medical Records
Register of deaths	<u>Recommend:</u> Permanent	Best practices	Medical Records
Register of surgical procedures	<u>Recommend:</u> Permanent	Best practices	Surgery
Reports of hospital-acquired infections and diseases and conditions	<u>Recommend:</u> Permanent	Best practices	Quality
Reports of suspected child abuse or neglect	<u>Recommend:</u> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	Best practices	Social Work and/or Department making report
Statistical records (admissions, services, discharges, transfers, department statistics, daily census, outpatient department patient lists)	<u>Recommend:</u> 10 years	Best practices	Administration

REAL ESTATE / LEASES

Record	Retention Period	Legal Citation / Rationale	Department
Construction documents; blueprints	<u>Recommend</u> : As long as the hospital has title to the property	Best practices	Facilities/Real Estate
Deeds and titles to real property	<u>Recommend</u> : As long as the hospital has title to the property	Best practices	Facilities/Real Estate
Leases / mortgages and other agreements pertaining to ownership of land, buildings, fixtures and equipment	<u>Recommend</u> : Active + 6 or 10 years, whichever is longer	NY CPLR §213	Facilities/Real Estate

ADVERTISING

Record	Retention Period	Legal Citation / Rationale	Department
Advertising	<u>Recommend</u> : Active + 6 years	Best practices	Public Relations
Hospital publications (including community relations brochures)	<u>Recommend</u> : Active + 6 years	Best practices	Public Relations
Press clippings	<u>Recommend</u> : Active + 6 years	Best practices	Public Relations
Press releases	<u>Recommend</u> : Active + 6 years	Best practices	Public Relations
Slides and photographs (publicity related)	<u>Recommend</u> : Active + 6 years	Best practices	Public Relations
TV & radio transcripts	<u>Recommend</u> : Active + 6 years	Best practices	Public Relations

CONTRACTS

Record	Retention Period	Legal Citation / Rationale	Department
Contracts with health care providers / referral sources (including correspondence and other documents related thereto)	<u>Recommend:</u> 10 years after termination or expiration	Best practices ➤ 42 USC §1320a-7a(c)(1); 42 CFR §1003.132 ➤ 42 USC §1320a-7b; 18 USC §3282 ➤ 18 USC §246 ➤ 42 USC §1395nn(g)(3) ➤ 31 USC §3731	Contracting Department
Government contracts (including, but not limited to, correspondence, reports and other documents related to such contracts)	<u>Minimum:</u> 3 years after payment for some records and 4 years for financial and cost accounting records <u>Recommend:</u> 10 years after final payment or termination of agreement, whichever is longer except for financial and cost accounting reports	48 CFR §4.703(a) 48 CFR §4.705-1 48 CFR §4.703(b) 48 CFR §4.805(b)	Finance
Managed care contracts (including all fiscal and administrative records related to such contracts)	<u>Recommend:</u> 10 years after termination or expiration	42 CFR §422.504	Managed Care
Other contracts	<u>Recommend:</u> 6 years after termination or expiration	Best practices for other contracts: ➤ NY CPLR §213	Contracting Department

POLICIES AND PROCEDURES; COMPLIANCE RECORDS; HIPAA RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Accounting log of PHI disclosures under HIPAA privacy rules	<u>Minimum</u> : 6 years <u>Recommend</u> : Permanent	45 CFR §164.528(a)(1)	Corporate Compliance
Administrative policy and procedure manuals	<u>Recommend</u> : Permanent	Best practices	Administration
Corporate Compliance Committee meetings minutes, including departmental compliance meetings	<u>Recommend</u> : 21 years	Best practices: 10-21 years	Corporate Compliance
Corporate Compliance Program policies and procedures	<u>Recommend</u> : Permanent	Best practices	Corporate Compliance
Departmental policies and procedures	<u>Recommend</u> : Permanent	Best practices	Department to which policy applies
Document Destruction Authorization forms and other logs of the destruction of Records	<u>Recommend</u> : Permanent	Best practices	Department responsible for maintaining the Records being destroyed
HIPAA records, including but not limited to: <ul style="list-style-type: none"> ➤ Policies; ➤ Complaints, investigations and responses; ➤ Patient requests for restrictions on disclosures or for transmission of information via alternative means; ➤ Privacy Notice; ➤ Documentation of training and training materials; and ➤ Any other documentation required by HIPAA. 	<u>Minimum</u> : 6 years <u>Recommend</u> : 6 years from date of creation or last revision date, whichever is later.	45 CFR §164.530(j)(2) 45 CFR §164.316(b)(2)(i)	Corporate Compliance

POLICIES AND PROCEDURES; COMPLIANCE RECORDS; HIPAA RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
HIPAA training materials	<u>Recommend:</u> 10 years	Best practices	Corporate Compliance
Fraud, Waste, and Abuse training materials	<u>Minimum:</u> 10 years <u>Recommend:</u> 10 years from the year the training was completed.	CMS Guidelines, Best practices	Corporate Compliance
IS systems logs, application audit trails, backup logs, disaster recovery testing logs, change tickets	<u>Recommend:</u> 6 years	NIST 800-92, Best practices	Information Services Compliance

QUALITY ASSURANCE / INFECTION CONTROL RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Incident or occurrence reports	<u>Recommend:</u> 21 years	Best practices 10 NYCRR §405.8	Department generating report/Risk
Infection control records (including logs of incidents related to infections and communicable diseases)	<u>Recommend:</u> 21 years	Best practices 42 CFR §482.42 10 NYCRR §405.11	Infection Control
Patient complaints	<u>Recommend:</u> 21 years	Best practices	Quality/Patient Relations
QA/QI Plan	<u>Recommend:</u> 10 years after issuance of new plan	Best practices ➤ 10 NYCRR §405.6	Quality
Quality Assurance records (including minutes, departmental reports, reports to Board)	<u>Recommend:</u> 21 years	Best practices 10 NYCRR §405.6	Quality
Risk Management records (including minutes, departmental reports, reports to Board)	<u>Recommend:</u> 21 years	Best practices 10 NYCRR §405.6	Risk
Utilization Review records and committee minutes	<u>Recommend:</u> 10 years	Best practices 42 CFR §456.100-145 42 CFR §482.30	Quality/Case Management

RESEARCH RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
<p>Institutional Review Board records, including, but not limited to:</p> <ul style="list-style-type: none"> ➤ Copies of all research proposals reviewed, scientific evaluations, approved sample consent documents, progress reports submitted by investigators, and reports of injuries to subjects; ➤ Minutes of IRB meetings ➤ Records of continuing review activities; ➤ Copies of all correspondence between the IRB and the investigators; ➤ List of IRB members identified by name; degrees; capacity; experience; and any employment or other relationship between each member and the institution; and ➤ Written procedures 	<p><u>Minimum</u>: 3 years following completion of a clinical research study</p> <p><u>Recommend</u>: Indefinitely</p>	<p>21 CFR §56.115 45 CFR §46.115 45 CFR §46.117 Best practices</p>	<p>Human Research Protections Program</p>
<p>Medical device records</p>	<p><u>Minimum</u>: 2 years from date of event or when the device is no longer in use, whichever is longer</p> <p><u>Recommend</u>: 10 years after date of report or, for minors, when the patient reaches age 24, whichever is longer</p>	<p>21 CFR §821.60 21 CFR §803.18</p>	<p>Investigative Site</p>

RESEARCH RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Patient/subject records relating to research, including consent forms	<p><u>Minimum:</u> Minimum of seven (7) years for adult subjects and ten (10) years for pediatric subjects after the final project close-out. Certain circumstances may require longer retention per GR052.</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Studies involving adults: 10 years after completion of the research. ➤ Studies involving minors: until minor reaches age 24 or 10 years after completion of the research, whichever date is later. 	<p>Best practices 10 NYCRR §405.10 (a)(4): NY CPLR §214-a 42 CFR §93.105</p>	Investigative Site
Records relating to allegations of research misconduct	<p><u>Minimum:</u> 7 years after completion of any proceeding</p> <p><u>Recommend:</u> Copy of documents relating to employees or medical staff must also be maintained in their personnel or credentialing files and maintained pursuant to our recommendations for those records.</p>	<p>42 CFR §93.317 Best practices</p>	Research Administration

RESEARCH RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
<p>Research-related financial records, supporting documents, statistical records, and all other records pertinent to an award or receipt of monies to conduct a research study, including, but not limited to:</p> <ul style="list-style-type: none"> ➤ the study contract, ➤ study grant; ➤ Clinical Trial Agreement ➤ Medicare related documentation; and ➤ other research administration records 	<p><u>Minimum</u>: 3 years from the date of submission of the final expenditure report or, for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report</p> <p><u>Recommend</u>: 10 years after research is complete, final expenditure report submitted, and all audit issues resolved; whichever period is longer.</p>	<p>Best practices</p> <ul style="list-style-type: none"> ➤ 45 CFR §74.53 ➤ 2 CFR §215.53 ➤ 21 CFR §54.6 	<p>Grants Management Office/Clinical Research Service</p>

MEDICAL STAFF / RESIDENCY RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Affiliation agreements (related to the Health System's medical education, Residency and Fellowship programs)	<u>Recommend:</u> 10 years after termination or expiration	Best practices	Office of Academic Affairs
Credentialing records (Medical Staff personnel records)	<u>Minimum:</u> 10 years <u>Recommend:</u> Active + 20 years (or longer if exigent circumstances)	10 NYCRR §405.6(b) (7)(iv) Best practices	Credentialing/ PAANS
Disciplinary actions (involving Medical Staff members and practitioners with clinical privileges)	<u>Recommend:</u> 21 years	Best practices ➤ 10 NYCRR §405.6(b) (7)(iii)	Medical Affairs/Credentialing
Patient complaints regarding care (involving Medical Staff members and practitioners with clinical privileges)	<u>Recommend:</u> 21 years	Best practices ➤ 10 NYCRR §405.6(b) (7)(iii)	Quality/ Credentialing/ Risk
Personnel records (Medical Staff)	<u>Minimum:</u> 10 years <u>Recommend:</u> Active + 20 years (or longer if exigent circumstances)	10 NYCRR §405.6(b) (7)(iv) Best practices	PAANS
Rejected applications (Medical Staff)	<u>Recommend:</u> 6 years from date of determination	Best practices ➤ NY CPLR §213(6)	Credentialing / Quality
Residency rotation agreements	<u>Recommend:</u> 10 years after termination or expiration	Best practices	Office of Academic Affairs

EMPLOYMENT RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Application materials, including employment inquiries, applications, resumes, and job orders by employers	<u>Minimum</u> : 1 year from date of hire, date record was made, or date of involuntary termination, whichever is later <u>Recommend</u> : 6 years from date of personnel action	29 CFR §1602.14 29CFR§1627.3(b)(1)(i),(iii),(vi) Best practices ➤ NY CPLR §213	Human Resources
Collective bargaining agreements	<u>Minimum</u> : At least 3 years from last effective date <u>Recommend</u> : 6 years from last effective date	29 CFR §516.5(b) Best practices ➤ NY CPLR §213	Human Resources
EEO forms and related records / recordings, including but not limited to applications for participation in the apprenticeship program	<u>Minimum</u> : Varies depending on record: from most recent filed report up to 2 years <u>Recommend</u> : 6 years from filing	29 CFR §1602.7 29 CFR §1602.1 29 CFR §1602.13 29 CFR §1602.15 29 CFR §1602.20 29 CFR §1602.21	Human Resources
Employee Disability Plan and related records	<u>Recommend</u> : 6 years from date of retirement / termination of employment	29 USC §1113 29 USC §1027 29 CFR §4007.10 Best practices ➤ NY CPLR §213	Human Resources
Employee medical records (as required by OSHA) ¹	<u>Minimum</u> : Term of employment + 30 years	29 CFR §1910.1020(d)(1)	Medical Records/ Employee Health Services (“EHS”)

¹ Note: The following records do not need to be maintained for any specified period of time: (1) health insurance claims records maintained separately from the employer’s medical program and its records; (2) first aid records which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job, if made on-site by a non-physician and if maintained separately from the employer’s medical program and its records; and (3) The medical records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

EMPLOYMENT RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Employee training certifications	<p><u>Minimum:</u> Completion + 6 years</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ 21 years for Certificates of Completion of infection control & barrier precaution training courses ➤ Term of employment + 6 years for all others 	<p>10 NYCRR §92-1.6</p> <p>Best practices</p>	Human Resources/ Department to which employee belongs
Employment benefits plans and related documents	<p><u>Recommend:</u> 6 years from date of termination of plan</p>	<p>29 USC §1027</p> <p>29 USC §1113</p> <p>29 CFR §1627.3</p> <p>Best practices</p> <ul style="list-style-type: none"> ➤ NY CPLR §213 	Human Resources
Employment contracts	<p><u>Minimum:</u> Active + 6 years</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ 10 years after termination or expiration for licensed practitioners ➤ 6 years after termination or expiration 	<p>29 CFR §516.5(b)(3)</p> <p>Best practices</p> <ul style="list-style-type: none"> ➤ NY CPLR §213 ➤ 31 USC §3731(b); NY State Finance Law §192(1) 	Human Resources / PAANS
Employment taxes and related documents (including, but not limited to, IRS forms W-2, W-4, W-9, 1099, 940, and 941, copies of returns filed and confirmation numbers, and records of fringe benefits and expense reimbursements provided to employees)	<p><u>Minimum:</u> Fiscal year + 4 years</p> <p><u>Recommended:</u> Tax return filing date + 6 years</p>	<p>26 CFR §31.6001-1(e)(2)</p> <p>IRS Publication 15 (2010)</p> <p>Best practices</p> <ul style="list-style-type: none"> ➤ 26 CFR §301.6501(e)-1T 	Human Resources

EMPLOYMENT RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Employment testing, including any exams considered in connection with personnel action	<u>Minimum</u> : 1 year from date of personnel action, date record was made, or 1 year from date of involuntary termination, whichever is later <u>Recommend</u> : 6 years from date of personnel action contingent on test or date of test	29 CFR §1602.14; 29 CFR §1627.3(b) (1)(iv)-(v) Best practices ➤ NY CPLR §213	Human Resources
FMLA leave records	<u>Minimum</u> : No less than 3 years from date of termination of employment <u>Recommend</u> : 6 years from date of termination of employment	29 CFR §825.500 (b) Best practices	Human Resources
I-9 Forms	<u>Minimum</u> : 3 years from date of hire or 1 year from date of termination, whichever is later <u>Recommend</u> : Term of employment + 6 years	8 CFR §274a.2(b) (2)(i) Best practices	Human Resources / Department to which employee belongs
Notices of opportunities, including advertisements and notices related to job openings, promotions, training, and overtime opportunities	<u>Minimum</u> : Active + 1 year <u>Recommend</u> : Active + 6 years	29 CFR §1627.3(b) (1)(vi) Best practices ➤ NY CPLR §213	Human Resources
Paid time off records, including records of the amount of payments made to employees by the Hospital or other third party payer when an employee was on paid leave of absence due to sickness or injury	<u>Minimum</u> : Fiscal year + 4 years <u>Recommend</u> : Tax return filing date + 6 years	26 CFR §31.6001-1(e)(2) IRS Publication 15 (2010) Best practices ➤ 26 CFR §301.6501(e)-1T	Human Resources/ Payroll

EMPLOYMENT RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Pay scales (including charts used to determine salary for job classifications and other information gathered to determine salary guidelines)	<u>Minimum:</u> 2 years <u>Recommend:</u> 6 years	29 CFR §516.6 29 CFR §1620.32 Best practices	Human Resources
Payroll records (including, but not limited to, earnings records, record of hours worked, amount of gross wages, amounts deducted, net wages, wage rate tables, and time sheets indicating daily start/end times)	<u>Minimum:</u> 6 years <u>Recommend:</u> Term of employment + 6 years	12 NYCRR §142-2.6(a) 29 CFR §516.5 29 CFR §516.6 29 CFR §1627.3 29 CFR §1620.32 Best practices	Human Resources/ Payroll
Pension / 401(k) Retirement Plan and vesting files and related records	<u>Recommend:</u> 6 years from date of retirement / termination of employment	29 USC §1113 29 USC §1027 29 USC §1059 Best practices ➤ NY CPLR §213	Human Resources
Personnel decisions / policies, including records related to hiring, promotion, demotion, transfer, and selection for training, layoff, recall, discharge, or termination, including merit and seniority systems	<u>Minimum:</u> 2 years from date of personnel action, date record was made, or 1 year from date of involuntary termination, whichever is later <u>Recommend:</u> 6 years from date of personnel action	29 CFR §1602.14 29 CFR §1627.3(b) (1)(ii) 29 CFR §1620.32 Best practices ➤ NY CPLR §213	Human Resources/ Department to which employee belongs
Personnel records (excluding medical records)	<u>Recommend:</u> Term of employment + 6 years	12 NYCRR §142.6 12 NYCRR §142-3.7 29 CFR §1627.3 29 CFR §1602.14 29 CFR §516.5	Human Resources

EMPLOYMENT RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Personnel records for volunteers, students, or other non-compensated personnel (including medical exams and screenings required for working in the Facility)	<u>Recommend:</u> ➤ 6 – 10 years for medical records ➤ Active + 6 years for all other records	12 NYCRR §142-3.7 (a) 10 NYCRR 405.3(b)(10)	Employee Health Services / Human Resources
Worker's Compensation records relating to any injury or illness incurred by one of its employees in the course of employment	<u>Minimum:</u> Date of injury + 18 years	NY Workers' Comp. Law §110(1)	Risk

ENVIRONMENTAL / EQUIPMENT / SAFETY RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Autoclave-related records (including any modification to an approved operation plan, records of time, temperature, and pressure associated with each load autoclaved, records of: validation testing and challenge testing, including protocols and test results; routine system's monitoring; and, where applicable, department approval as an alternative treatment technology)	<u>Minimum:</u> 3 years <u>Recommend:</u> 6 years	10 NYCRR §70-3.4	Engineering
Central supply services records and tests (including maintaining and recording time and temperature for each sterilization cycle and aeration cycle)	<u>Minimum:</u> At least one year	10 NYCRR §405.24	Engineering
Equipment testing, maintenance and calibration records	<u>Recommend:</u> 21 years	Best practices	Engineering
Fire protection records (including records of preventative maintenance, and reports of fire investigations)	<u>Minimum:</u> ➤ Not less than 3 years after the date of such tests, maintenance or calibration; ➤ Not less than 6 years for written reports of the fire investigations <u>Recommend:</u> 6 years	29 CFR §1910.157 10 NYCRR §405.24	Engineering

ENVIRONMENTAL / EQUIPMENT / SAFETY RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
<p>Material Safety Data Sheets (MSDS) or, in the alternative, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent</p> <p><u>Note:</u> For chemicals currently in use, MSDS, and not alternative records, must be maintained.</p>	<p><u>Minimum:</u> At least 20 years</p> <p><u>Recommend:</u> Term of employment + 30 years (part of the OSHA employee exposure record)</p>	<p>29 CFR §1910.1020 29 CFR §1910.1200(g)</p>	Environmental
Occupational noise exposure related records (including noise exposure measurement records and audiometric test records)	<p><u>Minimum:</u></p> <ul style="list-style-type: none"> ➤ Noise exposure measurement records: at least 2 years ➤ Audiometric test records: duration of the affected employee's employment 	29 CFR §1910.95(m)(3)(i)	Engineering
<p>OSHA –related records</p> <ul style="list-style-type: none"> ➤ Log (OSHA Form 300); ➤ Summary of work-related injuries and illnesses (OSHA Form 300A) ➤ Health & safety illness/injury/accident reports (OSHA Form 301) <p><u>Note:</u> this does not include medical records</p>	<p><u>Minimum:</u> 5 years following end of year to which records relate</p> <p><u>Recommend:</u> Active +30 years</p>	<p>29 CFR §1904.33 Best practices</p>	Engineering

ENVIRONMENTAL / EQUIPMENT / SAFETY RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
OSHA required employee exposure records	<p><u>Minimum:</u> At least 30 years</p> <p><u>Recommend:</u> Duration of employment + 30 years</p>	<p>29 CFR §1910.1020(d)(1)(ii)</p> <p>Best practices</p>	Engineering
Radioisotopes-related records (including records of receipt, transfer, and disposal)	<p><u>Minimum:</u> The following regulatory rules apply unless otherwise provided for in license condition:</p> <ul style="list-style-type: none"> ➤ Record of receipt: While in possession + 3 years following transfer or disposal of the material ➤ Record of transfer: 3 years after each transfer ➤ Record of disposal: until the Commission terminates each license that authorizes disposal of the material. <p><u>Recommend:</u> Permanent</p>	<p>NYS DOH BERP – 10 NYCRR Part 16</p> <p>NYC DOH – Title 24 Title IV Part B Article 175: Radiation Control</p> <p>Best Practices</p>	Radiation Safety Office
Regulated medical waste-related records (including but not limited to, efficacy and validation testing, including testing protocols and results, routine system monitoring, operation plans, record of regulated medical waste by quantity and categories and for disposition of treated waste on-site)	<p><u>Minimum:</u> 3 years from the date of disposition of the waste</p> <p><u>Recommend:</u> 6 years</p>	<p>10 NYCRR §70-2.5(a)</p> <p>10 NYCRR §70-4.4</p>	Environmental

CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Patient Medical Records -- Adult	<p><u>Minimum:</u> 6 years from date of discharge or the patient's death</p> <p><u>Recommend:</u> 10 years</p>	<p>10 NYCRR §405.10(a)(4)</p> <p>42 CFR §482.24(b)(1)</p>	Medical Records
Patient Medical Records – Minor	<p><u>Minimum:</u> 6 years from date of discharge or 3 years after age of majority (18 years of age), whichever is longer, or at least 6 years after the patient's death</p> <p><u>Recommend:</u> 6 years from age of majority (18 years of age)</p>	10 NYCRR §405.10(a) (4)	Medical Records
<p>Tissue records -- Human tissue records (<u>other than related to reproduction</u>) intended for transplantation, artificial insemination, and implantation, including, but not limited to:</p> <ul style="list-style-type: none"> ➤ Results and interpretation of all required infectious disease tests; ➤ Information on the donor, ➤ Receipt and/or distribution of human tissue; and ➤ Destruction or other disposition of human tissue. 	<p><u>Minimum:</u> At least 10 years beyond the date of transplantation (if known), distribution, disposition, or expiration of the tissue, whichever is latest</p> <p><u>Recommend:</u> 21 years</p>	<p>10 NYCRR §52-2.9(b)</p> <p>21 CFR §1270.33(h)</p>	Departments involved in transplant, implant or insemination

CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Tissue Records – Reproductive tissue transfer records/artificial insemination/implantation	<u>Minimum:</u> At least 7 years after the release of tissue not resulting in live births and 25 years for tissue resulting in live births <u>Recommend:</u> 25 years	10 NYCRR §52-2.9(b)	Departments involved in transplant, implant or insemination
Tracings ➤ EKG ➤ EEG ➤ EMG ➤ Fetal Monitoring	<u>Minimum:</u> 6 years from date of discharge or 3 years after age of majority (18 years of age), whichever is longer, or at least 6 years after the patient’s death <u>Recommend:</u> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age)	Best practices	Medical Records/ Cardiology/ Radiology/ Obstetrics- Gynecology

RADIOLOGY AND NUCLEAR MEDICINE SERVICES RECORDS

Mammograms	<u>Minimum:</u> ➤ Generally: at least 6 years or three years after a minor patient reaches the age of majority ➤ Screening: 10 years ➤ If no additional mammograms of the patient are performed at the Hospital: at least 10 years <u>Recommend:</u> 21 years	21 CFR §900.12(c)(4)(1) NY Educ. Law §6530(32) 10 NYCRR §16.22(b)(2) 10 NYCRR §405.15 (a)(5)	Radiology
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CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Orders (including the NPI of the physician ordering the imaging service)	<p><u>Minimum:</u> 7 years from the date of service</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	42 CFR §424.516(f)	Radiology
Radiology or nuclear medicine films, scans & other image records that have not been incorporated into medical records	<p><u>Minimum:</u> At least 6 years or 3 years after a minor patient turns 18.</p> <p><u>Recommend:</u> 21 years</p>	10 NYCRR §405.15(a)(5) 10 NYCRR §405.15(c)(4)(i) 42 CFR §482.26(d)(2) 42 CFR §482.53(d)(1)	Radiology

LABORATORY, PATHOLOGY AND BLOOD SERVICES RECORDS

Accession records	<p><u>Minimum:</u> 7 years</p> <p><u>Recommend:</u> 10 years</p>	10 NYCRR §58-1.11(c)(2) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 3 (Retention S3)	Laboratory
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CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
<p>Blood donation-related records (including apheresis) including, but not limited to:</p> <ul style="list-style-type: none"> ➤ donor records; ➤ processing records; ➤ storage and distribution records; ➤ compatibility records; ➤ quality control records; ➤ temperature records of blood storage; ➤ proficiency test records; and ➤ other required records 	<p><u>Minimum:</u> At least 10 years after the records of processing are completed or 6 months after the latest expiration date for the individual product, whichever is the later date (unless there is no expiration date, and then retain indefinitely)</p> <p><u>Recommend:</u> 21 years, unless no expiration date, in which case indefinitely</p>	<p>10 NYCRR §58-2.15(g) 10 NYCRR §58-2.6 21 CFR §606.160(d)</p>	Laboratory
Complaints regarding lab standards, including resulting investigations and corrective actions	<p><u>Minimum:</u> 2 years</p> <p><u>Recommend:</u> 10 years</p>	NYS Clinical Laboratory Standards of Practice: Complaint Resolution Sustaining Standard of Practice 1 (Complaint Resolution S1)	Laboratory
Cytogenetics reports	<p><u>Minimum:</u> 25 years</p> <p><u>Recommend:</u> 25 years</p>	<p>10 NYCRR §58-1.11 (c)(5)(iii)</p> <p>NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 2 (Retention S2)</p>	Laboratory
Cytotechnologist work standards and related records	<p><u>Minimum:</u> 3 years</p> <p><u>Recommend:</u> 10 years</p>	10 NYCRR §58-1.12(d)	Laboratory

CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Equipment records (including preventative maintenance, service & repair records)	<u>Minimum:</u> 2 years + life of equipment <u>Recommend:</u> Active + 10 years	10 NYCRR §58-1.11(c)(4) NYS Clinical Laboratory Standards of Practice: Laboratory Equipment Sustaining Standard of Practice 3 (LE S3) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 3 (Retention S3)	Engineering
Histopathology, oral pathology and dermatopathology reports, including exfoliative & cytopathology reports	<u>Minimum:</u> 20 years <u>Recommend:</u> 21 years	10 NYCRR §58-1.13 10 NYCRR §58-1.11 (c)(5)(i) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 2 (Retention S2) 42 CFR §493.1105(a)(6) 42 CFR §493.1105(a)(6) 10 NYCRR §58-1.12 (f)(6) Joint Commission Standard DC.02.04.01 (10 years) Best practices	Pathology & Laboratory

CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Immunohematology records, blood and blood product records, and transfusion records	<p><u>Minimum:</u> At least 10 years after the records of processing are completed or 6 months after the latest expiration date for the individual product, whichever is later (unless there is no expiration date, and then retain indefinitely)</p> <p><u>Recommend:</u> 21 years, unless no expiration date, in which case indefinitely</p>	<p>10 NYCRR §58-2.10(a) 10 NYCRR §58-2.16(j) 10 NYCRR §58-2.25(i)(a) 10 NYCRR §58-2.27(i)(a) 42 CFR §493.1105(a)(3)(ii), (d)(6)(i)</p>	Hematology
Instrument records (including maintenance records, printouts, worksheets, calibration and verification records)	<p><u>Minimum:</u> 2 years</p> <p><u>Recommend:</u> 10 years</p>	<p>10 NYCRR §58-1.11(c)(6) 42 CFR §493.1105(a)(3), (5) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 3 (Retention S3)</p>	Engineering/ Department where instrument is located
Lab reports, all other	<p><u>Minimum:</u> 7 years</p> <p><u>Recommend:</u> 21 years</p>	<p>10 NYCRR §58-1.11 (c) 10 NYCRR §58-1.11 (c)(5)(iv) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 2 (Retention S2) 42 CFR §493.1105(a)(6)</p>	Laboratory
Plasmaphereses records	<p><u>Minimum:</u> At least 10 years after plasmapheresis</p> <p><u>Recommend:</u> 21 years</p>	<p>10 NYCRR §58-2.14(j)</p>	Laboratory/ Hematology

CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
Proficiency testing-related records (including, but not limited to, a copy of the proficiency testing program report forms and attestation statements, reports of proficiency test results and scores, records of laboratory's performance)	<u>Minimum:</u> 2 years, except for immunohematology, which is 5 years <u>Recommend:</u> 10 years	NYS Clinical Laboratory Standards of Practice: Proficiency Testing Sustaining Standard of Practice 7 (PT S7) 42 CFR §493.801(b)(5) 42 CFR §493.1105(a)(4)	Laboratory
Quality control-related records (including, but not limited to, analytic systems records, quality control records, records of test system performance, and quality assessment records)	<u>Minimum:</u> 2 years <u>Recommend:</u> 10 years	10 NYCRR §58-1.11(c)(3) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 3 (Retention S3) 42 CFR §493.1105(a)(3), (5) Joint Commission Standard DC.02.04.01	Engineering
Requisitions	<u>Minimum:</u> ➤ Generally: 7 years from date of service ➤ Cytogenetic test requests: 6 years <u>Recommend:</u> 7 years	10 NYCRR §58-1.11(c)(1) 42 CFR §493.1105(a)(1) 42 CFR §424.516(f)	Laboratory
Syphilis serology reports	<u>Minimum:</u> 2 years for negative reports <u>Recommend:</u> 21 years	10 NYCRR §58-1.11 (c)(5)(ii) NYS Clinical Laboratory Standards of Practice: Records Retention Sustaining Standard of Practice 2 (Retention S2)	Laboratory

CLINICAL & CLINICAL-RELATED RECORDS

Record	Retention Period	Legal Citation / Rationale	Department
PHARMACY SERVICE RECORDS			
Clinical notes made in the pharmacy's computer system	<u>Recommend:</u> Same period as the patient's medical record: <ul style="list-style-type: none"> ➤ 10 years (adults) ➤ 6 years from age of majority, which is 18 years of age (minors) 	Best Practices	Pharmacy
Controlled substances records, including but not limited to records of controlled substances transactions (such as invoices or receipts), records of controlled substances administered, authorized requisitions, administration sheets, inventory, and disposal	<u>Minimum:</u> 5 years from the date of transaction <u>Recommend:</u> 10 years	NY Pub. Health Law §3370(1) 10 NYCRR §80.51(d)(4) 10 NYCRR §80.52 10 NYCRR §80.48 10 NYCRR §80.100(a) 21 CFR §1304.04 10 NYCRR §80.68(d)(2)	Pharmacy/ Nursing
Orders / prescriptions for dispensed drugs	<u>Minimum:</u> <ul style="list-style-type: none"> ➤ <u>Medicare generally:</u> 7 years ➤ <u>Medicare Part D:</u> 10 years from the final date of the Sponsor's contract period or from the date of completion of any audit² ➤ <u>Medicaid:</u> 6 years from date of payment ➤ <u>All others:</u> 5 years <u>Recommend:</u> 10 years	42 CFR §424.516(f) 42 CFR §423.505(i)(2)(ii) 18 NYCRR §505.3(c) NY Educ. Law §6810(5)	Medical Records/ Pharmacy

² For pharmacies doing Medicare Part D business, CMS expects that Part D plans will require their pharmacies to maintain prescription records in their original format for the greater of 3 years or the period required by State law, and permit the

RECORDS SPECIFIC TO SKILLED NURSING HOMES / LONG TERM CARE FACILITIES

Record	Retention Period	Legal Citation / Rationale	Department
Activity programs records (including name and qualifications of the activities director, and a current roster of residents participating in the program as well as a record of resident attendance and participation at each activity for the preceding twelve months)	<u>Recommend:</u> 6 years	10 NYCRR § 415.30(l) Best Practices	Nursing Home
Bed hold records (including, but not limited to the Medicaid Patient/Resident Absence Register, Status of Bed Reservation Form, records verifying the number and nature of bed reservations)	<u>Recommend:</u> 10 years	Medicaid Residential Health Services Policy Guidelines Best Practices	Nursing Home
Chronological listing of residents admitted, by name, with identifying information and the place from which the resident is admitted or transferred	<u>Recommend:</u> 10 years	10 NYCRR § 415.30(a) Best Practices	Nursing Home
Chronological listing of residents discharged, by name, including the reason for discharge, adequate identifying information and the place to which the resident is discharged or transferred	<u>Recommend:</u> 10 years	10 NYCRR § 415.30(b) Best Practices	Nursing Home

records to be transferred to an electronic format that replicates the original prescription (such as a digitized image) for the remaining years of the 10-year Part D retention period. *CMS Part D FAQ July 14, 2005 (ID: 5137)*

RECORDS SPECIFIC TO SKILLED NURSING HOMES / LONG TERM CARE FACILITIES

<p>Clinical records (including a record of the resident’s comprehensive assessments, the plan of care and services provided, the results of any preadmission screening conducted by the State, progress notes by all practitioners and professional staff caring for the resident; and reports of all diagnostic tests and results of treatments and procedures ordered for the resident)</p>	<p><u>Minimum:</u> 6 years from the date of discharge or death or for residents who are minors, for 3 years after the resident reaches the age of majority (18) <u>Recommend:</u> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age)</p>	<p>10 NYCRR § 415.22 Best Practices</p>	<p>Nursing Home</p>
<p>Daily census record</p>	<p><u>Recommend:</u> 10 years</p>	<p>10 NYCRR § 415.30(c) Best Practices</p>	<p>Nursing Home</p>
<p>Dietary service records (including plan for organization, management and day-to-day operation, a master plan and weekly work schedules for staffing, a current diet manual, written and dated menus for normal and therapeutic diets, as served; and receipted invoices for food and supplies)</p>	<p><u>Recommend:</u> 6 years (except for receipted invoices, which must be maintained consistent with records for cost report materials)</p>	<p>10 NYCRR § 415.30(k) 10 NYCRR § 415.14(c)(2) Best Practices</p>	<p>Nursing Home</p>
<p>Disaster and emergency preparedness plan</p>	<p><u>Recommend:</u> Permanent</p>	<p>10 NYCRR § 415.26(f) Best Practices</p>	<p>Nursing Home</p>
<p>Feeding assistant training records</p>	<p><u>Recommend:</u> Term of employment + 6 years</p>	<p>10 NYCRR § 415.26(k) Best Practices</p>	<p>Nursing Home</p>

RECORDS SPECIFIC TO SKILLED NURSING HOMES / LONG TERM CARE FACILITIES

Films, scans, and other image records	<p><u>Minimum:</u> At least six years or three years after a resident who is a minor reaches the age of majority (18)</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	10 NYCRR § 415.21(a)(1)(iii) Best Practices	Nursing Home
Long Term Care Patient Assessment Forms	<p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	Medicaid Residential Health Services Policy Guidelines Best Practices	Nursing Home
Nursing service administration records (including a nursing service organization chart and master plan for staffing)	<u>Recommend:</u> Permanent	10 NYCRR § 415.30(j) Best Practices	Nursing Home
Physician certification	<p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	Medicaid Residential Health Services Policy Guidelines Best Practices	Nursing Home
Resident non-medical record (including a general fiscal record for each resident)	<u>Recommend:</u> 10 years	10 NYCRR § 415.30(d), (e) Best Practices	Nursing Home

RECORDS SPECIFIC TO SKILLED NURSING HOMES / LONG TERM CARE FACILITIES

<p>Specialized rehabilitative therapy service records (including statistical summaries of frequency, type and duration of treatments given, number of residents treated and number of residents admitted and discharged from the service, and service budgets and equipment inventory)</p>	<p><u>Recommend:</u> 6 years</p>	<p>10 NYCRR § 415.30(m) Best Practices</p>	<p>Nursing Home</p>
<p>Transfer or affiliation agreements (including all contracts, agreements, arrangements, understandings, and records of all efforts to establish same with hospitals, nursing homes, home health agencies, and other health institutions, agencies and services regarding the transfer of residents between the nursing home and such institutions or agencies)</p>	<p><u>Recommend:</u> 10 years after termination or expiration of agreement</p>	<p>10 NYCRR § 415.26(g) 10 NYCRR § 415.30(o) Best Practices</p>	<p>Nursing Home</p>

**RECORDS SPECIFIC TO PHYSICIAN PRACTICES, AMBULATORY SURGERY CENTERS (“ASC”) AND
DIAGNOSTIC & TREATMENT CENTERS (“DTC”)**

Record	Retention Period	Legal Citation / Rationale	Department
Admission, pre & post surgical assessment & discharge records	<p><u>Minimum:</u> 6 years after the last date of service rendered to the patient or if a minor, at least 6 years after the last date of service or three years after he/she reaches age of majority, whichever time period is longer.</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	42 CFR §416.52 10 NYCRR §751.7(j) Best Practices	ASC/DTC
Clinical records (including consent forms, medical history, immunization and drug history with special notation of allergic or adverse reactions to medications, physical examination reports, diagnostic procedures/tests reports, consultative findings, diagnosis or medical impression, medical orders, psychosocial assessment, referrals made, anesthesia record, progress note(s), follow-up plans, and discharge summaries, when applicable)	<p><u>Minimum:</u> 6 years after the last date of service rendered to the patient or if a minor, at least six years after the last date of service or three years after he/she reaches age of majority, whichever time period is longer.</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	42 CFR §416.47 10 NYCRR §405.12 10 NYCRR §755.6 10 NYCRR §755.7 10 NYCRR §751.7(j) Best Practices	ASC/DTC

**RECORDS SPECIFIC TO PHYSICIAN PRACTICES, AMBULATORY SURGERY CENTERS (“ASC”) AND
DIAGNOSTIC & TREATMENT CENTERS (“DTC”)**

Record	Retention Period	Legal Citation / Rationale	Department
Corporate records (including a current listing of all directors, officers and members or stockholders of a not-for-profit or business corporate operator and all partners of a partnership operator, the certificate of incorporation and any certificate of doing business) <u>Note:</u> All current corporate records must be maintained at the principal administrative office.	<u>Recommend:</u> Permanent	10 NYCRR §751.2 Best Practices	ASC/DTC
Disclosure of physician financial interests or ownership in the Facility	<u>Recommend:</u> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age)	42 CFR §416.50 42 CFR §416.47 10 NYCRR §405.12 Best Practices	ASC/DTC
List of surgical procedures	<u>Recommend:</u> Permanent	10 NYCRR §405.20 10 NYCRR 755.2 10 NYCRR 755.2 10 NYCRR 405.12 Best Practices	ASC/DTC
Operating Room Register	<u>Recommend:</u> Permanent	10 NYCRR §405.12 Best Practices	ASC/DTC
Records of grievances and complaints	<u>Recommend:</u> 21 years	42 CFR §416.50 Best Practices	ASC/DTC
Transfer agreements	<u>Recommend:</u> 10 years after termination or expiration	42 CFR §416.41 Best Practices	ASC/DTC

RECORDS SPECIFIC TO HOME HEALTH AGENCIES

Record	Retention Period	Legal Citation / Rationale	Department
Clinical records (including medical orders, source of referral, nursing assessments, progress notes and phone logs, supervisory reports of the registered professional nurse, home health aide or personal care aide activity sheets, documentation of accidents and incidents, receipt of information regarding the patient's rights; and a discharge summary when the patient is discharged from the agency, including certain specified items)	<p><u>Minimum:</u> 6 years after discharge. For minors, 6 years after discharge, or 3 years after reach majority (18 years), whichever is longer period.</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	42 CFR §484.48 10 NYCRR §763.7 (CHHA) 10 NYCRR §766.6 (LHCSA) Best Practices	Home Health Agency
Corporate records specific to home health agencies (including all contracts and other agreements pertaining to operation of the agency, copies of all notices and documents required to be filed with the SEC, and any other specific licenses, permits and certificates required by law for operation of the agency) <u>Note:</u> All current corporate records must be maintained at the principal administrative office.	<u>Recommend:</u> Permanent	10 NYCRR §763.14 (CHHA) 10 NYCRR §766.12 (LHCSA) Best Practices	Home Health Agency
List of personnel <u>Note:</u> This must be retained at the branch office	<u>Recommend:</u> 10 years from date of list	10 NYCRR §763.14 (CHHA) 10 NYCRR §766.12 (LHCSA) Best Practices	Home Health Agency

RECORDS SPECIFIC TO HOME HEALTH AGENCIES

Record	Retention Period	Legal Citation / Rationale	Department
Patient rosters <u>Note:</u> This must be retained at the branch office	<u>Recommend:</u> Permanent	10 NYCRR §763.14 (CHHA) 10 NYCRR §766.12 (LHCSA) Best Practices	Home Health Agency
Physicians' certifications and recertification's	<u>Minimum:</u> 6 years after discharge. For minors, 6 years after discharge, or 3 years after reach majority (18 years), whichever is longer period. <u>Recommend:</u> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age)	10 NYCRR §763.7(a)(5) ➤ CMS Home Health Agency Manual §480 ➤ Medicare General Information, Eligibility, and Entitlement Manual, Ch. 4, § 30.1	Home Health Agency
Plan of care and comprehensive interdisciplinary patient assessment	<u>Minimum:</u> 6 years after discharge. For minors, 6 years after discharge, or 3 years after minor reaches age of majority (18 years), whichever is longer period. <u>Recommend:</u> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age)	42 CFR §484.48 10 NYCRR §763.7(a)(4), (5) (CHAA) 10 NYCRR §766.6 (4) (LHCSA)	Home Health Agency
Records of grievances, complaints and appeals	<u>Minimum:</u> 3 years from resolution. <u>Recommend:</u> 21 years	10 NYCRR §763.14 (CHHA) 10 NYCRR §766.12 (LHCSA) Best practices	Home Health Agency

RECORDS SPECIFIC TO HOSPICE

Record	Retention Period	Legal Citation / Rationale	Department
Agreements with other facilities, agencies, organizations and/or individuals for contracted services and/or for inpatient services	<u>Recommend:</u> 10 years after termination or expiration of agreement	10 NYCRR §793.2 10 NYCRR §794.4 Best practices ➤ 42 USC §1320a-7a(c)(1) ➤ 42 CFR §1003.132 ➤ 42 USC §1320a-7b ➤ 18 USC §3282 ➤ 18 USC §246 ➤ 42 USC §1395nn(g)(3) ➤ 31 USC §3731	Hospice
Clinical records (including medical orders, reports of physical examinations, medical history, consents, progress notes, notice of patient rights, discharge summary, if applicable, and documentation of accidents and incidents)	<u>Minimum:</u> 6 years after death or discharge from the hospice. In the case of a minor who is discharged from the hospice, records shall be kept for at least a 6 year period after discharge or, for a 3 year period after a minor reaches the age of majority (18 years of age), whichever period is longer <u>Recommend:</u> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age)	42 CFR §418.104 (a), (d) 10 NYCRR §794.3(e) Best practices	Hospice

RECORDS SPECIFIC TO HOSPICE

Record	Retention Period	Legal Citation / Rationale	Department
<p>Corporate records specific to the operation of the hospice (including the certificate of incorporation, if applicable, the certificate of approval, and all current contracts, leases and other agreements entered into by the hospice)</p> <p><u>Note:</u> Current corporate records must be maintained at the principal administrative office of the hospice</p>	<p><u>Recommend:</u> Permanent</p>	10 NYCRR §793.7(a)(1)	Hospice
<p>Patient / family rosters</p> <p><u>Note:</u> This must be retained at each sub office of the hospice (if applicable)</p>	<p><u>Recommend:</u> Permanent</p>	10 NYCRR §793.7(a)(1)(v) Best practices	Hospice
<p>Physician certification and recertification of terminal illness</p>	<p><u>Minimum:</u> 6 years after death or discharge from the hospice. In the case of a minor who is discharged from the hospice, records shall be kept for at least a 6 year period after discharge or, for a 3 year period after the minor reaches the age of majority (18 years of age), whichever period is longer</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	42 CFR §418.104 (a), (d)	Hospice

RECORDS SPECIFIC TO HOSPICE

Record	Retention Period	Legal Citation / Rationale	Department
Plan of care and comprehensive assessment	<p><u>Minimum:</u> 6 years after death or discharge from the hospice. In the case of a minor who is discharged from the hospice, records shall be kept for at least a 6 year period after discharge or, for a 3 year period after the minor reaches the age of majority (18 years of age), whichever period is longer</p> <p><u>Recommend:</u></p> <ul style="list-style-type: none"> ➤ Adults: 10 years ➤ Minors: 6 years from age of majority (18 years of age) 	<p>42 CFR §418.104 (a), (d) 10 NYCRR §794.2(d) 10 NYCRR §794.3(b)(6), (7) 10 NYCRR §794.3(e) Best practices</p>	Hospice
Records of grievances, complaints and appeals	<p><u>Minimum:</u> 3 years from resolution.</p> <p><u>Recommend:</u> 21 years</p>	<p>10 NYCRR §793.7(a)(3)(v) Best practices</p>	Hospice

Approved By: _____

Date: _____

Signature/Title

Approved By: _____

Date: _____

Signature/Title

Approved By: _____

Date: _____

Signature/Title

APPENDIX A

General Statute of Limitations for Malpractice Actions

Section 214-a of the Civil Practice Law and Rules (CPLR), the malpractice statute of limitations, states that:

An action for medical, dental or podiatric malpractice must be commenced within two years and six months of the act, omission or failure complained of or last treatment where there is continuous treatment for the same illness, injury or condition which gave rise to the said act, omission or failure; provided however, that where the action is based upon the discovery of a foreign object in the body of the patient, the action may be commenced within one year of the date of such discovery or of the date of discovery of facts which would reasonably lead to such discovery, whichever is earlier. For the purpose of this section the term "continuous treatment" shall not include examinations undertaken at the request of the patient for the sole purpose of ascertaining the state of the patient's condition. For the purpose of this section the term "foreign object" shall not include a chemical compound, fixation device or prosthetic aid or device.

When dealing with an infant (legally defined as a person under the age of 18 years), CPLR §208 provides that the statute of limitations does not begin to run until the infant attains the age of 18, provided, however, that the maximum time within which to bring a medical malpractice lawsuit in such cases is limited to 10 years.* Thus, if treatment is rendered on January 1, 2000 to a 15 year old person, that individual would have until July 1, 2005 (3 years to reach age of majority plus 2½ years) to institute a malpractice action with respect to such treatment. If, however, the patient were 5 years old when treated, the lawsuit would have to be commenced no later than January 1, 2010 (10 year maximum applies).

When dealing with a continuous course of treatment, the statute of limitations would not begin until the end of the last treatment. In addition, if a foreign object (but not a prosthesis) is involved, the "1 year from discovery" provision would govern. Recognizing that the Hospital cannot realistically plan a record retention policy that takes into account special circumstances such

as a continuous course of treatment or foreign objects, it would appear that the minimum rule to follow for medical record retention is the rule expressed in 10 NYCRR §405.10(a)(4), which provides that

Medical records shall be retained in their original or legally reproduced form, for a period of at least six years from the date of discharge or three years after the patient's age of majority (18 years), whichever is longer, or at least six years after death.

* This ten (10) year maximum also applies to insane persons.

As a practical matter however, it is the Health System's policy that each member facility retain medical records, in their original form or in an Electronic Record, as such term is defined in the Record Retention Policy (provided the requisite safeguards are in place), for 10 years for adults and 6 years plus majority for minors. By retaining medical records for 10 years (and 6 years plus-majority for infants) the Health System is assured of the availability of information for those potentially difficult cases where the statute of limitations extends beyond the norm for one or more of the reasons previously discussed.

Date: _____

Details of Record Destruction

The Records listed above were destroyed in the normal course of business pursuant to North Shore-LIJ Health System's Record Retention and Destruction Policy.

Date of Destruction:

Method of Destruction:

Shredding Burning Pulping Pulverizing

Total Cubic Feet:

Records Destroyed By:

Name: _____

Title: _____

Signature: _____

Date: _____