ADMINISTRATION

Policy & Procedure

Title	**Retention and Destruction of Personal Health Information**	Date Effective	**February 18, 2013**
Document #	**AD-09-10**	Date Reviewed	**January 15, 2018**
Scope	**FOR ALL EMPLOYEES, SITES AND FACILITIES**	Date Revised	**May 8, 2018**
Approved By	**SENIOR MANAGEMENT TEAM**	Signature	***Original signed by H. Bryant***
Managed By	**REGIONAL MANAGER HEALTH INFORMATION MANAGEMENT**		

1.0 PURPOSE

1.1 To provide a standardized approach to the retention and destruction of all recorded personal health information collected and maintained within the Northern Health Region (NHR).

1.2 To meet the requirements of *The Personal Health Information Act* (PHIA) and other related provincial and federal legislation as it relates to the retention of health records.

1.3 To ensure personal health information is available to meet regional mandates for use and disclosure in the provision of health care, health care planning and evaluation, quality improvement, education of health care providers, health research, risk management and for access by individuals the information is about or their personal representatives.

2.0 DEFINITIONS

2.1 **Active Health Record:** Record showing that a client has had an encounter within the specified time frame of record type or has been identified as a legal or risk management case (*The Limitation of Actions Act* timeline for initiation of legal action).

2.2 **Client:** An individual and/or their family care provider who access and/or receives health care related services from a NHR facility or program. Clients may be patients in an acute care setting, residents in a personal care home, or clients in a community program or facility.

2.3 **Inactive Health Record:** Record showing that a client has not had an encounter within the specified time frame of record type or has not been identified as a legal or risk management case.

2.4 **Information Manager:** A person or body (corporation, business or association) that processes, stores or destroys personal and/or personal health information or provides information management or information technology services for the trustee.

2.5 **Legal or Risk Management Case:** Refers to a health record that contains information required for legal or risk management purposes.

2.6 **Personal Health Information:** Recorded information about an identifiable Individual that relates to:

- the individual's health, or health care history, including genetic information about the Individual;
- the provision of health care to the individual; or
- payment for health care provided to the individual;

and includes;

- the PHIN (personal health identification number) and any other identification number, symbol or particular assigned to an individual; and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care;

and for further clarity includes:

- personal information such as financial position, home conditions, domestic difficulties or any other private matters relating to the individual which have been disclosed to the trustee.

2.7 **Record of Destruction:** A document detailing records that have been permanently destroyed. The record of destruction includes the time periods to which the records pertain, method of destruction, date of destruction and signature of the individual who destroyed the records.

2.8 **Retention Period:** The length of time that facility health records shall be kept prior to their permanent destruction. The retention period commences at the time that a facility or program admission or visit is discharged.

2.9 **Retention Schedule:** A timetable stipulating how long health records shall be held and available prior to their permanent destruction. During or prior to the retention period, the media used to record the original information may be changed to facilitate storage and accessibility of the health record, i.e. scanned digital images.

2.10 **Secured Location:** A designated place for temporary or permanent storage of and/or the use, processing, or transport of confidential information that is:

- not readily accessible by unauthorized individuals;
- supervised or monitored by authorized individuals;
- keyed or coded to allow entrance to authorized users only;
- locked when authorized users are not in attendance;
- protected by controls to minimize loss, destruction or deterioration caused by fire, water or humidity damage; and
- proper containers and adequate labeling are used to reduce accidental loss or destruction.

2.11 **Transitory/Working Document:** Recorded information which is of greatest value at the time that the care is being delivered, but whose use and value rapidly diminishes following the current episode of care. Personal health information in this category may include raw data that is used to create primary documents. Transitory records should be destroyed at the end of each episode of care. (i.e. Kardex, DPIN, SBAR)

3.0 POLICY STATEMENT(S)

3.1 Destruction of any personal health information requires approval from the appropriate authority, under controlled and confidential conditions, and must be done by shredding. Records that have exceeded the retention period shall be destroyed on a regular basis.

3.2 Personal health information may be written, photographed, recorded or stored in any manner, on any storage medium including graphic or electronic means.

3.3 Personal health information must be maintained in a manner that ensures the integrity and availability of the information is in a readable and reproducible for the duration of the retention period.

3.4 Personal health information in electronic format **must** have an electronic or hardcopy backup.

4.0 PROCEDURE / RESPONSIBILITIES

4.1 Personal health information that is collected and maintained within programs, services and facilities will be retained for the entire minimum retention period stipulated in AD-09-10 (Appendix A) Retention Schedule for Personal Health Information

4.2 Personal health information that has been converted to another storage medium prior to the minimum retention period (i.e. imaged paper records) may be destroyed immediately following conversion, provided that the converted personal health information is retained for the balance of the retention period.

4.3 During the retention period, health records shall be organized and maintained in a way that facilitates their availability for direct client care and other authorized purposes. This includes health records stored in the permanent filing location and separated portions that may be stored apart from the main storage area within a facility or at an off-site location.

4.4 Health records must be retained in a manner that ensures the integrity and availability of the information in a readable and reproducible format for the duration of the retention period.

4.5 All health records retained in electronic format or on electronic storage media are completely erased and/or deleted. All associated backup and archived files will be included in preparing for destruction.

4.6 Transitory or Working records do not form part of the permanent health record and should be destroyed at the end of each episode of care.

4.7 Permanent destruction of records shall occur according to policy AD-07-20 Disposal of Confidential Material, including Personal Health Information.

4.8 The Regional Privacy and Access Officer shall ensure an Information Managers Agreement is in place when the personal health information will be processed, stored or destroyed by an external individual or body other than the Trustee that collected the information.

4.9 Off-site storage is permitted for inactive records not yet eligible for destruction. Records selected for off-site storage must be deemed low risk for retrieval for client care. Records retrieved and returned to the facility within three (3) business working days are considered low risk.

4.10 Secure off-site storage locations must be assessed and approved by the Regional Manager, Health Information Management. Locations must be secure and organized in a systematic manner for access, and on the premises of the NHR or a Region approved off-site facility, which both meet the criteria of a secured place.

4.11 Information pursuant to potential or actual legal claims or other investigations, risk management issues or research studies may be retained on a case by case basis for periods that exceed the AD-09-10 (Appendix A) Retention Schedule for Personal Health Information to satisfy a particular need and shall be permanently destroyed thereafter.

4.12 Personal health information must be retained for thirty (30) years from the date of the last encounter when there is recognized potential for or actual legal action, health information is involved in a research study, or any other formal review process for risk management purposes.

4.13 Health records are retained indefinitely where it is clearly known at the time or subsequently learned to contain information where:

a) the assault was of a sexual nature; or
b) at the time of the assault, the person commencing the action:
   i) had an intimate relationship with the person or one of the persons alleged to have committed the assault, or
   ii) was financially, emotionally, physically or otherwise dependent on the person or one of the persons alleged to have committed the assault.

Following the death of the individual, the health record may be destroyed in its entirely after fifteen (15) years unless an exception described in Section 4.11 or 4.12 applies.

4.14 The facility Health Information Management Department and/or program designate is responsible to:

- Identify records eligible for destruction according to AD-09-10 (Appendix A) Retention Schedule for Personal Health Information.
- Identify records requiring an extended retention period and seek approval from the program manager for the requested extension.
- Create and implement processes to document, flag and maintain health records approved for an extended retention period.
- Complete AD-09-10 (Appendix B) Personal Health Information Record of Destruction Log.
- Maintain AD-09-10 (Appendix B) Personal Health Information Record of Destruction Log permanently.

5.0 RELATED DOCUMENTS

5.1 AD-09-10 Appendix A Retention Schedule for Personal Health Information

5.2 AD-09-10 Appendix B Personal Health Information Record of Destruction Log.

5.3 AD-07-20 Disposal of Confidential Material, including Personal Health Information.

6.0 REFERENCES

6.1 College of Midwives of Manitoba, Standards on Records and Record Keeping

6.2 College of Physicians and Surgeons of Manitoba, Standards of Practice of Medicine, Record Keeping

6.3 Interlake-Eastern (2015) GA-7-65 Retention and Destruction of Personal Health Information

6.4 Government of Manitoba.(1987) The Limitation of Actions Act C.C.S.M.c.L150

6.5 The Narcotics Control Act, R.S.C.

6.6 Government of Manitoba.(1997)The Personal Health Information Act C.C.S.M.c.P33.5

6.7 The Personal Health Information Act Regulations of Manitoba

6.8 Government of Manitoba. (2006) The Pharmaceutical Act C.C.S.M.c.P60

6.9 Southern Health Santé Sud (2016) ORG.1410.PL.201.SD.01 Retention and Destruction of Personal Health Information

7.0 REVISION & REVIEW DATE(S)

Revised (R)
reviewed (r)