

Device, Media, and Paper Record Disposal Policy

Policy

It is the policy of Kewaunee County to ensure the privacy and security of protected patient health information (PHI) in the maintenance, retention, and eventual destruction/disposal of such media. Kewaunee County also recognizes that media containing PHI may be reused when appropriate steps are taken to ensure that all stored PHI has been effectively rendered inaccessible. Destruction/disposal of patient health information shall be carried out in accordance with federal and state law and as defined in the organizational retention policy.

Key Definitions

Degauss: Using a magnetic field to erase (neutralize) the data bits stored on magnetic media.

Electronic Protected Health Information (ePHI): Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.

Patient Health Information Media: Any record of patient health information, regardless of medium or characteristic that can be retrieved at any time. This includes all original patient records, documents, papers, letters, billing statements, x-rays, films, cards, photographs, sound and video recordings, microfilm, magnetic tape, electronic media, and other information recording media, regardless of physical form or characteristic, that are generated and/or received in connection with transacting patient care or business.

Sanitization: Removal or the act of overwriting data to a point of preventing the recovery of the data on the device or media that is being sanitized. Sanitization is typically done before re-issuing a device or media, donating equipment that contained sensitive information or returning leased equipment to the lending company.

Procedures

1. All destruction/disposal of patient health information media will be done in accordance with federal and state laws and regulations and pursuant to the organization's written retention policy/schedule. Records that have satisfied the period of retention will be destroyed/disposed of in an appropriate manner.
2. Records involved in any open investigation, audit or litigation should not be destroyed/disposed of. If notification is received that any of the above situations have occurred or there is the potential for such, the record retention schedule shall be suspended for these records until such time as the situation has been resolved. If the records have been requested in the course of a judicial or administrative hearing, a

qualified protective order will be obtained to ensure that the records are returned to the organization or properly destroyed/disposed of by the requesting party.

3. Before reuse of any recordable and erasable media, for example hard disks, tapes, cartridges, USB drives, smart phones, SAN disks, SD and similar cards, all ePHI must be rendered inaccessible, cleaned, or scrubbed. Standard approaches include one or all of the following methods:
 - (a) Overwrite the data (for example, through software utilities).
 - (b) Degauss the media.
4. Records scheduled for destruction/disposal should be secured against unauthorized or inappropriate access until the destruction/disposal of PHI is complete.
5. The business associate agreement must provide that, upon termination of the contract, the business associate will return or destroy/dispose of all patient health information. If such return or destruction/disposal is not feasible, the contract must limit the use and disclosure of the information to the purposes that prevent its return or destruction/disposal.
6. If a health plan discloses PHI to the plan sponsor and the relationship is terminated, the plan sponsor will return or destroy/dispose of all PHI. If such a return or destruction/disposal is not feasible, the arrangement must limit the use and disclosure of the information to the purposes that prevent its return or destruction/disposal.
7. A record of all PHI media sanitization should be made and retained by the organization. The organization has the responsibility to retain the burden of proof for any media destruction regardless of whether destruction is done by the organization or by a contractor. Retention is required because the records of destruction/disposal may become necessary to demonstrate that the patient information records were destroyed/disposed of in the regular course of business. Records of destruction/disposal, such as a certificate of destruction, should include:
 - (a) Date of destruction/disposal.
 - (b) Method of destruction/disposal.
 - (c) Description of the destroyed/disposed record series or medium.
 - (d) Inclusive dates covered.
 - (e) A statement that the patient information records were destroyed/disposed of in the normal course of business.
 - (f) The signatures of the individuals supervising and witnessing the destruction/disposal.
8. Copies of documents and images that contain PHI and are not originals that do not require retention based on retention policies shall be destroyed/disposed of by shredding or other acceptable manner as outlined in this policy. Certification of destruction is not required.

9. If destruction/disposal services are contracted, the contract must provide that the organization's business associate will establish the permitted and required uses and disclosures of information by the business associate as set forth in the federal and state law. The BAA should also set minimum acceptable standards for the sanitization of media containing PHI. The BAA or contract should include but not be limited to the following:
 - (a) Specify the method of destruction/disposal.
 - (b) Specify the time that will elapse between acquisition and destruction/disposal of data/media.
 - (c) Establish safeguards against unauthorized disclosures of PHI.
 - (d) Indemnify the organization from loss due to unauthorized disclosure.
 - (e) Require that the business associate maintain liability insurance in specified amounts at all times the contract is in effect.
 - (f) Provide proof of destruction/disposal.
10. Any media containing PHI should be destroyed/disposed of using a method that ensures the PHI could not be recovered or reconstructed.
11. The methods of destruction, disposal, and reuse should be reassessed periodically, based on current technology, accepted practices, and availability of timely and cost-effective destruction, disposal, and reuse technologies and services.
12. Wisconsin Statute 146.819 outlines the detailed procedures for the appropriate preservation or destruction/disposal of patient health records for a health care provider who ceases to practice. The provider, or the personal representative of a deceased health care provider, shall comply with the statutes to ensure appropriate preservation, patient notice, and/or destruction/disposal of the patient health care records in the possession of the health care provider at the time the practice was ceased or the provider died.