

	PCHP HIPAA Privacy and Confidentiality Piedmont Community Health Plan	
	Name:	PCHP.PV.109 Retention and Destruction of Protected Health Information PHI
	ID Number:	PCHP.PV.109
	Start Date:	02/01/2016
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	Approved By:	Garland Morton/CentraNotes

Body

Policy Name: Retention and Destruction of PHI

Scope: Entire Piedmont workforce

Purpose: To ensure any medium containing PHI is properly retained and destroyed according to the HIPAA rule and other federal or state rules and regulations.

Definitions & Acronyms:

CMS: Centers for Medicare & Medicaid

CFR: Code of Federal Regulations

PBM: Pharmacy Benefit Manager

HIPAA: Health Insurance Portability and Accountability Act of 1996

HITECH: Health Information Technology for Economic and Clinical Health Act

PHI: Protected Health Information

DRS: Designated Record Set

Piedmont: "Piedmont" collectively refers to Piedmont Community Health Plan (PCHP), Piedmont Community HealthCare (PCHC) and any future entities that are owned, affiliated with and/or operated by Piedmont.

Policy:

1. PHI contained in the Designated Record Set will be retained according to state and federal regulations, whichever requires retention for the longer period of time.
2. PHI, including medical and financial records contained in the Designated Record Set, will be retained for a minimum of 6 years from the later of the date of its creation or the date when it last was in effect.
3. PHI stored in paper, electronic or other format will be destroyed utilizing an acceptable method of destruction after the appropriate retention period has been met.
4. Access to PHI stored on computer equipment and media will be limited by taking the appropriate measures to destroy electronically stored PHI.
5. Piedmont will retain member medical records for a minimum of 6 years as required by federal and Virginia state laws.
6. If other applicable laws require a different retention period, the greater retention period will be followed.
7. Piedmont will store the records until the retention period has expired.
 - A. Records must be stored in a secure manner.

- B. Records must be protected from unauthorized access and accidental/wrong destruction.
- 8. At the expiration of the retention period, the records may be destroyed. Records should be destroyed annually in accordance with the retention time frames.

Procedures:

1. Destruction of Paper Documents:

- A. PHI maintained in paper format may be destroyed at the end of the retention period.
- B. All paper documents that contain PHI will be destroyed using an acceptable method of destruction. Acceptable methods of destruction include shredding, incineration, pulverization and use of bonded recycling company.
- C. Prior to destruction of boxed items, Piedmont will verify the retention period has expired.

2. Destruction of Personal Computers:

Workstations, laptops and servers use hard drives to store a wide variety of information. Member health information may be stored in a number of areas on a computer hard drive. For example, health information may be stored in "Folders" specifically designated for storage of this type of information, in temporary storage areas and in cache. Simply deleting the files or folders containing the information does not necessarily erase the data.

- A. To ensure that any member's health information has been removed, a utility that overwrites the entire disk drive with "1"s and "0"s must be used.
- B. If the computer is being re-deployed internally or disposed of due to obsolescence, the aforementioned utility must be run against the computer's hard drive, after which the hard drive may be reformatted and a standard software image loaded on the reformatted drive.
- C. If the computer is being disposed of due to damage and it is not possible to run the utility to overwrite the data, then the hard drive must be removed from the computer and physically destroyed. Alternatively, the drive can be erased by use of magnetic bulk eraser. This applies to PC workstations, laptops and servers.

3. Destruction of Backup or Data Tapes:

- A. Tapes are typically re-used many times but generally only by the data processing groups within Piedmont, which routinely must handle member health information. However, there may be situations where tapes are sent to external recipients for specific processing. Tapes used for this purpose should be segregated from the general pool used for backups. These tapes should be degaussed prior to use in creating the files being sent to ensure that no prior member health information remains on that portion of the tape beyond the end of the current file.
- B. Tapes or diskettes that are being decommissioned must be degaussed before disposal. This can be accomplished using a bulk tape eraser. Alternatively, the media may be pulverized or shredded.

4. Destruction of Compact Disks (CDs) and Diskettes: CDs containing member health information must be cut into pieces or pulverized before disposal.

5. Piedmont is issued workstations and other devices through Centra IT and member information is stored on Centra-owned computers and devices. As a result, Piedmont relies on Centra to provide destruction and cleansing of workstations and data referenced in procedures 2 – 4 for all Centra-owned devices that contain member ePHI.

Equipment: None

Forms and Letters: None

Reference(s): 45 CFR §164.310(d)(2) and 164.530(j)(2)

Interdisciplinary Review: None

Policy History:

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Date	Revision No.	Reason for Change	Sections Affected
09/23/2013	NEW		All
02/01/2016	1.1	Converted to Centra Format	
07/05/2016	2.0	Reviewed for compliance with Phase 2 Audit Protocol	None

Document Link Manager**No Documents Linked No Documents Linked****Attachment Manager****No Attachments**