SECTION 2: HEALTH INFORMATION MANAGEMENT

2.3. Record Management Guidelines

POLICY

1. **Authority:** The University of Florida (UF) develops, implements, and maintains storage, retention, and disposal policies and procedures for records containing restricted data, based on standards of professional practice, risk management guidelines, and the retention schedules listed in the Florida Statutes and University Regulations. Florida Statutes define public records and establish the legal basis for the custody and disposal of public records.

2. **Record Custodians:** UF (UF4.007) allow the President of UF to delegate record custodian duties to the Vice Presidents: they, in turn, "...may designate an individual in his or her area as the custodian of records for that area."
   a. Each college and department that creates, receives, maintains, uses, and/or discloses personally identifiable and other restricted data in any format, should also designate at least one staff member to manage the information and records for that area.
   b. The staff member is not required to be solely dedicated to the management of information, but should be trained in the best methods to maintain the confidentiality, security, and accessibility of restricted data.

3. **Storage, Security, and Control of Records:**
   a. All records that contain Restricted Data must be stored in physically secure areas that are protected from unauthorized access, damage by fire, water, insects, and other pests, and that are environmentally controlled for temperature and humidity.
      i. Records should be organized and stored to facilitate easy retrieval by authorized staff members.
      ii. Department staff should not remove records without notifying the designated records manager.
   b. All active patient records that contain PHI, created, received, or maintained by UF in all formats, including healthcare, financial, and research records, must be stored in physically secure areas.
      i. Paper records may not be removed from UF record storage areas or patient care areas by department or clinic staff, including faculty, fellows, and residents, without notifying the designated records manager.
      ii. All electronic health information must be stored in formats and locations that meet the UF Health Information Security Standards and Policies.

4. **Removal of Patient Information:** PHI, whether original or copied, in paper, electronic, or any other format, that is generated or received for the care of patients by UF, may NOT be removed from the premises of UF or UF Health Shands (Shands) by anyone, except upon receipt of a court order, a subpoena duces tecum, or written departmental administrative approval.

5. **For Educational Purposes:** Records/information may be duplicated for educational purposes if all identifying information is removed or obliterated (patient and family names, addresses, phone numbers, e-mail
6. **For Legal Proceedings:** Records/information may also be duplicated in preparation for legal proceedings, following UF policies and procedures.

7. **Archiving:** Restricted data in paper or electronic format, which is not being actively used, may be archived until the retention requirements have been met.
   
   a. Colleges, departments, and other units determine the criteria for inactive record status in their areas, based on need for the records and available storage space.
   
   b. Only primary records should be archived. The contents of "Shadow" records should be destroyed after it has been determined that they contain only duplicates of records maintained elsewhere, and do not contain any original materials.
   
   c. Off-site storage facilities or organizations for back-up electronic records containing restricted data must be approved by the Privacy Office.

8. **Recovery of Lost and/or Damaged Patient Records:**
   
   a. Reasonable efforts will be made to recover paper and electronic PHI lost due to computer malfunction, human error, misplacement, theft, water or fire damage, or any other circumstance.
   
   b. Unrecoverable records should be recreated as much as possible, by any methods currently available for such purposes. The fact that portions of a record were lost, unrecoverable, and have been recreated must be documented in the record with an explanation of the circumstances.

**DEFINITIONS**

1. **Active/Inactive Records:** Active healthcare records are those records, in all formats, currently being used for ongoing patient care, payment, litigation, or research activities. Inactive healthcare records are those for patients who have not received healthcare, made payments for care, or been involved in litigation or research for a designated period of time, but which must still be retained for a period of time prescribed by law.

2. **Archiving / Storage:** The act of physically or electronically moving inactive records to a storage location until the retention requirements for those records are met.

3. **Patient Records:** Recorded information about individually identifiable patients, including healthcare, financial, and research records, maintained in any format.

4. **Primary Records:** Original documentation created and maintained in any format as a direct result of a patient or client encounter in any of UF’s healthcare facilities, including faculty practice clinics and student health clinics. Paper Primary records are usually maintained in and/or by the entity where the care or service was provided.

5. **Shadow Records:** Paper copies of primary records that are temporarily kept separately from the primary record, usually for the convenience of health care providers or their staff. Shadow records should not be created in areas where electronic records are available.

**NOTE:** Paper records that were created and maintained in UF clinics are not shadow records, even though they may include documents shared with other parts of UF and with Shands.

**PRIVACY REQUIREMENTS**

1. **Record Retention (All Types)**
a. A "schedule" describing the records and the official retention period is required by the state of Florida for each type of record created or maintained by public institutions.
   i. Chapter 257, Florida Statutes, establishes the State’s Records Management and Archives Program under the direction of the Division of Library and Information Services, Department of State, as well as specifically provides for a system for the scheduling and disposal of public records.

b. Record Schedules: UF uses several different schedules, including:
   i. General Records Schedule for State and Local Government Agencies (GS1-SL),
   ii. General Records Schedule for Universities and Community Colleges (GS-5),
   iii. General Records Schedule for Public Health Care Facilities and Providers (GS-4), and
   iv. Individual records schedules developed specifically for the University of Florida.

2. Security of Active Records:
   a. All patient records in all formats must be stored so that they are physically and technologically secure, protected from unauthorized access, physical damage by fire, water, insects, pests, temperature, and humidity, and other reasonably foreseeable hazards. (See UFP Epic Policies on the UFP website, and Shands HIM Core Policies on the UF Health Shands website.

3. General Management of Paper Records:
   a. Organize paper records to facilitate easy retrieval by authorized staff members.
   b. Keep all record documents that will not be imaged/scanned for use in electronic records inside a protective folder or binder that is clearly labeled with the patient’s name and record number.
   c. Label all pages of the record with the patient’s name and record number. Label both the front and back of pages that will be imaged/scanned for use in electronic health records.
   d. Mark folders or other binders on the outside with the year of the last episode of care, last payment, or other activity, along with pertinent patient / participant identification data.
   e. Track and account for all paper health records and individual record documents used in patient care areas.
   f. Use a sign-out process in the record file area to document the location of any record that is removed and its return.
   g. Staff members who are not directly responsible for the records should not be allowed in the paper record storage areas without supervision.
   h. Do not eat or drink when working with or near paper records to avoid damage to the documentation.
   i. Removal of Other Healthcare Records: If it is necessary for faculty or staff to remove an original health record that is in a hardcopy or other tangible format (films, tapes, discs, etc.) from the record’s normal storage area, and the removal has been approved by the administrator:

4. Sign the Record Out: Document the name of the person who has assumed responsibility for the record, where the record is being taken, and the date it was removed.

5. Sign the Record In: Document the date of the record’s actual return.
6. Return or Retrieve: If the record is not returned within 3 business days, contact the responsible person, and continue to follow up until it has been returned or retrieved.

7. Recovery of Lost and/or Damaged Paper Records:
   a. Search thoroughly in all probable areas:
      i. The place where the record was last used,
      ii. The place where the record is usually filed: Look for common filing errors (transposed names or numbers) or two records filed together, etc.
      iii. The office of the care provider,
      iv. Wastebaskets and/or dumpsters.
      v. Notify staff members of the loss, and allow reasonable time for a response.
      vi. Notify and work with the Privacy Office if there is reasonable cause to believe that:
         • The patient may have removed the record themselves;
         • An unauthorized person may have acquired the patient’s personal information and could use it for fraudulent purposes.

8. Fire and Water Damaged Paper Records: Prioritize the rescue of paper records using the UF Records Retention Schedules, and based on current operational needs.
   a. If the damaged records are within the retention period and there are no other copies of the records, then they must be rescued or replaced.
   b. Remove records from damaged areas within 48 hours to prevent growth of mold and bacteria.

9. Restore water-damaged paper records as much as possible using available technologies:
   a. Air-Drying: Spread record pages on absorbent materials and use fans to increase airflow.
   b. Freezing: Keep records frozen or in cold storage temporarily to prevent deterioration until they can be dried out.
   c. Freeze-Drying and other recovery methods by professional document recovery specialists.
   d. If it is determined that fire- or water-damaged paper records will deteriorate quickly in spite of rescue efforts, photocopy, microfilm, or digitally image them as soon as possible.
   e. Create a log of the disaster event with a timeline and notes that detail the patient records affected, and the recovery efforts and results. Retain the log for the maximum retention period of the affected records.

10. When Record Recovery Is Not Possible:
    a. Recreate unrecoverable records as much as possible and label each page: “Recreated Document” with the date it was recreated. Methods include:
       i. Print available documentation from (undamaged) electronic sources.
       ii. Retrieve copies of previously distributed documents from recipients (shadow charts, referring physicians, other health care agencies, the patient, etc.)
       iii. Request re-transcription of reports from dictation systems.
    b. Document, if applicable, that portions of the record were unrecoverable in a new record as follows:
i. Patient name and Health Record Number
ii. Types and dates of unrecovered materials, if known
iii. When and how the information was lost or destroyed
iv. Who was notified of the loss and how (include copies of notifications, if available)
v. Signature of the record custodian or designee and date
vi. Subsequent Recovery of Lost Records: If an original record that was lost or stolen is eventually recovered, merge the old and new documentation without duplication.

PROCEDURES
1. Arranging for Storage of Inactive or Back-Up Records: Approved storage areas for records containing restricted data include:
   a. On-Site: An area inside the college, department, or other university facility that meets the criteria listed above. Record owners are responsible for making arrangements to move the records.
   b. Off-Site: A professional record storage company with which the University of Florida has an active contract for services.
   c. Call the Privacy Office or UF Purchasing for information about currently contracted storage facilities.

   NOTE: The following are NOT acceptable for storage of inactive records containing restricted data: Commercial moving and storage warehouses, mini-storage facilities, and off-campus personal or rental property of staff members, including garages, homes, mobile homes, trailers, etc.

2. Archiving Inactive Records:
   a. Place records in storage boxes in an orderly manner to facilitate retrieval, if needed. Label each container with a clear description of the contents, the date-range, and the college, department or other unit from which the contents came.
   b. Maintain an inventory of the boxes so that records can be found, if necessary. If records are retrieved from storage, track the status (active or inactive) and adjust the inventory as needed.
   c. Place the records in storage using the storage facility's guidelines, if appropriate.
   d. Shadow Records: Do not place shadow records in storage. Purge shadow records and send original documents to be filed in the primary record. Follow the protocols for record disposal to permanently destroy any duplicate parts of the shadow record.

3. Requesting Approval for Record Destruction
   a. Complete the UF Records Disposition Request prior to commencing any record destruction procedures. Follow the instructions included with the form.
   b. Send the Request to the UF Records Manager at the address on the form. Authorization to destroy records may take 6 to 8 weeks to process.

4. Disposing of Non-Primary Records Containing Restricted Data (i.e., duplicate, extra, or obsolete individual reports or data)
   a. Destruction: Paper records and records stored on electronic media must be either immediately shredded, pulverized, or electronically purged, or placed in locked or otherwise secure storage for controlled shredding/destruction and recycling later. See the table at the end of this chapter.
b. Recycling: Papers containing restricted data may be placed in secure recycling bins provided by a contracted document destruction company. Papers that have been shredded should not be placed in these recycling bins, but may be placed in generic recycling containers for pickup by UF's Physical Plant Department.

5. Destroying Primary Records Containing Restricted Data
   a. Maintain records that are scheduled for destruction in a secure location to guard against unauthorized or inappropriate access.
   b. Follow the record destruction company's protocol for carrying out the actual destruction.
   c. Sign the completed UF Records Disposition Request after the destruction has been completed.
   d. Attach the Certificate of Destruction provided by the record destruction company to the UF Records Disposition Request.
   e. Maintain all documentation of record destruction for the life of the institution.

REFERENCES
2. Florida Statues: 456.057 Ownership and Control of Patient Records

EXHIBITS
1. UF Record Retention Schedules at, http://cms.uflib.ufl.edu/records/Schedules