

 <p>Heritage Provider Network & Affiliated Medical Groups</p>	Program: HIPAA Compliance			
	Policy No.	Effective Date: 01/01/2012	Page - 1 -	
	Authored by: Compliance Sub Committee	Date: 01/01/2012	Revised by: Sandy Finley	Date: 02/02/2015
	Approved by: Compliance Committee	Date: 02/02/2015		
Title of Policy: Record Retention				

PURPOSE:

To ensure that Heritage Provider Network and its Affiliated Medical Groups (HPN) retain records in accordance with all applicable Federal, State and local laws.

POLICY:

HPN’s retention of records policy is reviewed periodically to ensure continued compliance with applicable federal, state, and local laws and regulations.

RESPONSIBILITY:

All employees of Heritage Provider Network and its Affiliated Medical Groups.

PROCEDURES:

1. All records must be maintained for a period of no less than ten (10) years; while all pediatric records must be maintained until the member turns the age of 21. Destruction of HPN records prior to expiration of the prescribed time period for record retention is prohibited.
2. In addition to this record retention period, HPN requires adherence to the following guidelines:
 - a. Records are prepared accurately, completely, and in a timely manner.
 - b. Medical and other patient records are properly safeguarded and accessibility is permitted only to authorized personnel.
 - c. Records are maintained in a logical, systematic order to facilitate prompt recovery.
 - d. Information is maintained for the time periods prescribed by Federal, State, or local laws or HPN policy which is no less than ten (10) years.
 - e. Electronic records are never destroyed in anticipation of a request from any government agency, or in anticipation of, or in connection with, any judicial proceeding or lawsuit.
 - f. Records may include but are not limited to; patient medical records, correspondence, personnel files, records of training, certificates, test scores, sign in sheets, etc.
3. In the event that records become past the ten (10) year duration, the Compliance Officer, Privacy Officer, Human Resources Director, Risk Manager or internal counsel should be consulted prior to any destruction. This does not apply to the destruction of electronic records as those are excluded from being destroyed.
4. Destruction should only occur in accordance with Federal, State and local laws.