

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Records Retention Policy**Policy Number:** 950-02-022

Responsible Officer:	Chief Compliance and Privacy Officer
Responsible Office:	Compliance Advisory Services
Origination Date:	07/2013
Date of Revision:	3/2021
Scope:	The purpose of this policy is to clarify standards and expectations for retaining documents created and maintained by UCR Health.

I. Policy Summary

The purpose of this policy is to clarify standards and expectations for retaining documents created and maintained by UCR Health.

II. Definitions

Designated Records: A group of records maintained by or for UCR Health that are comprised of any and all of the following items:

- A.** Medical and billing records about an individual patient;
- B.** Enrollment, payment, claims adjudication and case or medical management records system maintained by or for a health plan;
- C.** Information used in whole or in part by or for UCR Health to make decisions about an individual patient.

III. Policy Text

- A.** All records, created within UCR Health shall be retained according to legal requirements, and accepted standards as outlined in Recommended Records Retention Schedule (<https://recordsretention.ucop.edu/>).
- B.** This policy applies to documents created or maintained in any format, including paper, electronic and/or electronic mail. Electronic mail documents that need to be maintained should be stored in a secure electronic archive folder.
- C.** Designated Records may need to be retained for a longer period of time if specifically requested by the UCR Health Compliance & Privacy Officer and/or Campus Legal Counsel. The duration of these holds will be determined on a case-by-case basis.
- D.** The retention periods for most University records are published in the "University's Records Disposition Schedules Manual." When the University's published retention period as enumerated in the Disposition Schedules Manual is not consistent with record retention requirements of health licensing laws or any other legal requirements, the disposition schedules of the latter shall control, if they are for a longer period of time.
- E.** The Recommended Records Retention Schedule (<https://recordsretention.ucop.edu/>) reflects federal requirements including HIPAA retention mandates, and may be used in determining the appropriate retention period.

IV. Responsibilities

All UCR Health Faculty and Staff

V. Procedures

- A. All departments must maintain all records at a minimum for the length of time as identified for the type of document according to the retention schedule (<https://recordsretention.ucop.edu/>).
- B. Departments will consult with the Compliance and Privacy Office if they are maintaining documents that are not listed on the retention schedule.
- C. Departments may choose to retain documents for a longer period of time than indicated on the retention guidelines as long as documents are secured and stored appropriately.
- D. If there is insufficient space to securely store records onsite, the records must be stored with a University-approved designated and contracted storage vendor.
- E. Records sent to outside storage at the University's contracted vendor's location must be indexed for retrieval. At a minimum, the index should contain the following information:
 - 1. Department name and responsible custodian
 - 2. Description of records
 - 3. Date range of records
 - 4. Date Stored The description of the records should be sufficiently detailed to allow easy identification and retrieval of the records.
- F. Each department must identify a record custodian who is responsible for storing and retrieving records for the department from the off-site vendor storage facility.

Review of Retention Schedule

- 1. Chief Compliance and Privacy Officer
 - a. Campus Legal Counsel and Compliance Advisory Services will review retention schedules on a periodic basis to ensure documentation is maintained for minimum amount of time that is legally required.

Exceptions to Retention Guidelines

- 2. Compliance and Privacy Officer and Campus Legal Counsel
 - a. The Chief Compliance and Privacy Officer and Campus Legal Counsel will notify departments in the unusual event that certain documents must be maintained beyond the standard retention period for legal and other purposes.
 - b. These documents will be retained beyond the normal retention period until cleared for destruction by the Compliance & Privacy Officer and Campus Legal Counsel in writing.

VI. References:

<https://recordsretention.ucop.edu/>

Approvals:

COMPLIANCE COMMITTEE (07/28/2021)

PAUL HACKMAN, J.D., L.L.M.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

DATE

DEBORAH DEAS, M.D., M.P.H.
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

DATE