



RUTGERS POLICY

Section: 100.1.6

Section Title: HIPAA Policies

Policy Name: Protected Health Information – Destruction and Disposal

Formerly Book: 00-01-15-45:00

Approval Authority: RBHS Chancellor

Responsible Executive: Chief Healthcare Compliance Officer

Responsible Office: RBHS Office of Ethics Compliance and Corporate Integrity

Originally Issued: 4/5/2004

Revisions: 6/22/2011; 7/1/2013

Errors or changes? Contact: RBHS Office of Ethics Compliance and Corporate Integrity: 973-972-0893

1. Policy Statement

This policy provides direction as to the proper destruction and disposal of protected health information (PHI) by

- a. Rutgers University employees who are employed within covered entities that are a part of the Rutgers Biomedical and Health Sciences ("RBHS") positions, RBHS researchers as well as any independent contractors engaged by RBHS; and
- b. Any Rutgers University employees who are employed by a Rutgers school, unit or department that is a covered entity and that bills federal and/or state programs for the provision of medical care to patients, any researchers in the school, unit or department as well as any independent contractors engaged by the affected school, unit or department.
 - i. For purposes of this policy the groups and entities described in (a) and (b) shall be referred to as "RBHS Covered Entity" or "RBHS Covered Entities."

2. Reason for Policy

To establish a policy to ensure RBHS schools, units and departments that are covered entities and other Rutgers schools, units and departments that bill for healthcare goods and services and that are covered entities ("RBHS Covered Entity" or "RBHS Covered Entities") comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by avoiding improper disclosure of PHI when destroying or disposing of information that contain PHI.

3. Who Should Read This Policy

This policy shall apply to the disposal or destruction of health information that was generated during provision of health care to patients in certain patient care units, patient care centers or faculty practices as well as Human Subjects research including:

- a. Covered entities and their employees who are a part of the Rutgers Biomedical and Health Sciences (“RBHS”), RBHS researchers as well as any independent contractors engaged by RBHS; and
- b. Any Rutgers University covered entities and their employees who bill federal and/or state programs for the provision of medical care to patients as well as any independent contractors engaged by the “Covered Entity” school, unit or department.
 - i. For purposes of this policy the groups and entities described in (a) and (b) shall be referred to as “RBHS Covered Entity” or “RBHS Covered Entities.”
- c. Business Associates of the RBHS Covered Entities.
- d. Other University departments that assist the RBHS Covered Entities in certain activities including, but not limited to, the Office of Information Technology and the Office of the Senior Vice President and General Counsel.

4. Related Documents

- A. 45 CFR, 160, Code of Federal Regulations, Title 45, Part 160, Subpart C, General Administrative Requirements, Compliance and Enforcement.
- B. 45 CFR, 164.514(e), Code of Federal Regulations, Title 45, Part 164, Subpart E, Security and Privacy, Privacy of Individually Identifiable Health Information.
- C. 45 CFR, 164.530, Code of Federal Regulation, Security and Privacy, Administrative Requirements.
- D. Records Management Policy 50.3.10
- E. Records Management <http://recordsmanagement.rutgers.edu>.
- F. Uses and Disclosures of Health Information With and Without an Authorization

5. Contacts

RBHS Director of Privacy
 RBHS Office of Ethics Compliance and Corporate Integrity: 973-972-8093
 University Administration and Public Safety Records Management:
recordsmanagement@aps.rutgers.edu
 University Facilities Custodial Services –Newark: 973-353-5441

6. The Policy

100.1.6 PROTECTED HEALTH INFORMATION – DESTRUCTION AND DISPOSAL

DEFINITIONS

Protected Health Information (PHI): Protected health information means individually identifiable health information that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.

- 1. Except as provided in paragraph two (2) of this definition that is: a) transmitted by electronic media; b) maintained in electronic media; or c) transmitted or maintained in any other form or medium
- 2. Protected health information excludes individually identifiable health information in: a) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; b) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and c) Employment records held by a covered entity in its role as employer. RBHS Covered Entities shall appropriately protect the privacy of health information that can identify an individual in compliance with federal and state law. RBHS Covered Entities will act responsibly in the maintenance, retention and eventual destruction and disposal of all material containing PHI.

The destruction and disposal of PHI will be carried out in accordance with HIPAA regulations and University policy. All PHI will be destroyed in a manner in which it cannot be recovered or reconstructed. Medical records will be maintained and destroyed in accordance with the University policy, Records Management.

PROCEDURE

- A. The destruction/disposal of all PHI will be accomplished by shredding, incineration or other comparable fashion that ensures that the PHI cannot be recovered or reconstructed. Material that has been destroyed must be stored in a secure container or receptacle, which is not in a publicly-accessible location, until such time that the materials are collected by Custodial Services or any outside agency responsible for trash collection.
- B. Until such time as destruction/disposal of PHI is permissible, all PHI will be secured against unauthorized or inappropriate access.
- C. If utilizing an outside agency for destruction/disposal of PHI, a contract and a business associate agreement must be executed between the RBHS Covered Entity and the outside agency. The contract must provide that upon termination of same, the agency will return or destroy/dispose of all PHI, including proof of destruction/disposal and the methodology by which the material was destroyed.

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