

## **SAMPLE Provider Office Policy – Medical Record Retention**

<b>Subject:</b> Medical Record Retention	Policy #
Effective Date:	Approved by:
	Review Date:

### **Purpose**

A define and describe the policy and procedure for maintaining and retaining patient medical records that are current, detailed, and organized, permitting effective patient care, maintaining confidentiality, and facilitating quality review.

### **Policy**

Medical Records shall be maintained and retained on an ongoing basis to ensure they are current, detailed and organized.

Patient medical records shall be readily available for health care assessment, yet secured whenever possible to maintain confidentiality of personal health information.

Medical records will be inaccessible to patients and other unauthorized persons and will be maintained against unauthorized disclosure of confidential information and to protect confidentiality.

Provider Office staff shall sign a confidentiality agreement. (See attached sample)

### **Procedure**

The medical record system must allow for a:

- systematic method for easy retrieval
- prompt retrieval of necessary records and availability to the provider at each patient encounter
- tracking method for when it is out of the filing storage
- system for the incorporating information in the chart between visits
- system for the archiving and/or purging data

The medical records system may also include storage of rarely used documents off-site in a locked and secure location, allowing for access (e.g. reactivate a chart) arises.

### **Medical Records - Document Retention**

- Medical records for patients over the age of 21 years shall be retained for *seven* (7) years after the last healthcare encounter.
- Medical records for unemancipated minors shall be kept until 21 years of age – plus the statute of limitations of 3 years, discarding at 24 years of age.
- Under no circumstances shall any record be destroyed *before* 7 years after the last healthcare encounter.

## **Sample Confidentiality Agreement for Use by Provider Office Staff**

The following sample confidentiality statements are generic and should be specifically tailored to the purposes or entities for which they are intended:

“I understand that my responsibilities at (**name of office / practice**) give me access to privileged documents, records, and information which are not to be disclosed, except to those persons authorized to receive them. I recognize that such confidentiality is vital to the effective operations of the (**name of office / practice**). Therefore, I agree that I will not make any voluntary disclosure of confidential information to unauthorized persons or entities. I recognize that these obligations are a condition of my relationship or employment with (**name of office / practice**) and if breached may lead to disciplinary action including dismissal.”

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Signature

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Date

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NAME