

North York General Hospital Policy Manual

Record Retention and Destruction Policy

NUMBER: V-50

CROSS REFERENCE: Privacy & Data Protection Policy V-25
Legal Health Record Policy, V-80

ORIGINATOR: Chief Privacy & Freedom of Information Officer

APPROVED BY: Medical Advisory Committee
Operations Committee

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POLICY:

All records in the custody or under the control of North York General (NYGH) will be managed, retained and securely disposed of in accordance with applicable federal and provincial statutes and NYGH policies.

This policy contains the following sections:

1. Definitions
2. Record Retention
3. Destruction
4. Log, Request to Destroy, Certificate of Destruction –Personal Health Information
5. Approval to Destroy and Certificate of Destruction – Corporate/General Records
6. Record Retention Schedule

1. Definitions:

The term “**record**” under the *Freedom of Information & Protection of Privacy Act* and in this policy means any record of information however recorded, whether in printed form, on film, by electronic means or otherwise and includes,

- (a) correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine readable record, any other documentary material, regardless of physical form or characteristics, and any copy thereof, and
- (b) subject to the regulations, any record that is capable of being produced from a machine readable record under the control of an institution by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the institution.

The term “**personal health information**” in the *Personal Health Information Protection Act* and in this policy means identifying information about an individual in oral or recorded form, if the information,

- a) relates to the physical or mental health of the individual, including the health history of the individual’s family;

- b) relates to the provision of health care to the individual including the identification of a person as a health care provider to the individual;
- c) is a plan of service for the individual within the meaning of the *Home Care and Community Services Act*,
- d) relates to payments or eligibility for health care, or eligibility for health care coverage, in respect of the individual,
- e) relates to the donation by of the individual of body parts or substances or is derived from the testing or examination of the part or substance
- f) the individual's health number
- g) Identifies the individual's substitute-decision maker.

The term "**personal information**" in the *Freedom of Information & Protection of Privacy Act*" and in this policy means recorded information about an identifiable individual, including:

- a) information relating to the race, national or ethnic origin, colour, religion age, sex, sexual orientation or marital or family status of the individual,
- b) information relating to the education or medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved,
- c) any identifying number, symbol or other particular assigned to the individual,
- d) the address, telephone number, fingerprints or blood type of the individual,
- e) the personal opinions or views of the individual except where they relate to another individual,
- f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence,
- g) the views or opinions of another individual about the individual, and
- h) the individual's name where it appears with other information relating to the individual or where the disclosure of the name would reveal other personal information about the individual;

The term "**Official Custodian**" means the Director of the department and/or designated individual who holds official responsibility for preservation, retention and secure disposal of records. The Official Custodian for each record series is identified in the Record Retention Schedule.

2. Record Retention:

All records including personal health information in the custody or under the control of NYGH will be retained according to the retention period set out in the Record Retention Schedule or longer if necessary to meeting NYGH's legal, financial or administrative obligations.

The retention periods apply to original records. The retention period for all records except financial records is calculated from the end of the calendar year in which the records were created. The retention period for financial records is calculated from the end of the fiscal year in which they were created.

The department or individual designated as the Official Custodian in the Records Retention Schedule is responsible for retaining and disposing of original records in consultation with the Chief Privacy & Freedom of Information Officer or designate. Duplicate copies of the record should be disposed of when no longer needed providing they do not contain comments or quotes that may alter the purpose or direction of the record. Records containing these types of

comments or quotes should be provided to the Official Custodian of the original records for retention. .

Legal or Other Proceeding:

If NYGH receives notice of a court action, or of an investigation, assessment, inspection, inquest or other inquiry (a Proceeding) before the retention period has expired from any of the following bodies:

- a) a professional College
- b) the Medical Advisory Committee
- c) the Coroner
- d) a tribunal
- e) a financial or other regulatory body

NYGH will retain the applicable records until the Proceeding is complete. Extension of the retention period must be noted by the area/department receiving notice of the Proceeding and the necessary steps must be taken to preserve the records until the Proceeding is complete. A Proceeding is not complete until all appeals have been exhausted.

Storage:

Paper/Microfilm/Microfiche/film/tape: All records must be stored in a secure location and protected from theft, loss, unauthorized access, use, disclosure, modification, disposal or decomposition. The information custodian shall ensure that stored records are properly labeled as to their contents, custodianship and the retention expiry date.

Electronic records must be securely stored on the NYGH network and not on personal network drives or local computer discs to ensure they are accessible and retrievable. When new software or hardware is being introduced for use or systems changed, provision must be made for conversion of existing records to the new system or, in the alternative, for accessible storage until the retention period has expired. Accessible storage means that the records are retrievable in a timely fashion without the need of external resources.

Email retention periods are determined by the content of the record i.e. by the applicable record series as described in the attached Retention Schedule. As a general rule, emails and their attachments that relate to operational, financial or accountability matters or to legal or other proceedings must be downloaded, saved offline and stored together with the subject matter files to which they relate in a timely manner. Contact the Information Services Help Desk if guidance in saving offline is needed. The copies of saved emails remaining in the email system are considered duplicates and should be regularly deleted. A Certificate of Destruction is not required when deleting duplicate emails.

Email accounts of individuals no longer associated with the hospital are disabled and any copies of remaining records are destroyed after 30 days. In cases where some of these records may be relevant to a legal or other proceeding as described above, the relevant Manager/Director/Vice-President/President must notify Information

Services on or before the last employment day so that the records may be accessed and retained until the conclusion of the matter.

3. Destruction:

Once the retention period has been reached and there is no outstanding Proceeding, the Official Custodian will securely dispose of records in accordance with applicable laws and NYGH policies. A log of all original records destroyed must be maintained together with a Certificate of Destruction regardless of the medium or format of the record. Certificates of Destruction must be maintained by the Official Custodian identified in the Record Retention Schedule. Please note that duplicate copies may be destroyed when they are no longer needed for reference purposes and a Certificate of Destruction is not required.

Destruction of hard copy records or microfilm/microfiche/film/tape that contain personal or personal health information or that have been identified as confidential will be finely shredded/cross cut or incinerated by an NYGH approved record destruction company. Destruction of electronic records (and other media), will be subject to current, Information Technology (IT) approved processes which must ensure that reconstruction of the information is not reasonably foreseeable in the circumstances.

Hardcopy Records, Microfilm/ Microfiche/Film/Tape

Hardcopy records, microfilm/microfiche/tape/film that have passed the NYGH Retention time period and where there is no additional reason to maintain the record for a longer period of time will be destroyed.

The Official Custodian must provide prior approval of destruction. The destruction of records will be completed in consultation with the Chief Privacy & Freedom of Information Officer or designate.

The log and Request to Destroy Personal Health Information and Validation of Destruction will be signed and dated by the Official Custodian and by the Chief Privacy & Freedom of Information Officer, or designate.

The Master Patient Record (Index) which is retained permanently will serve as a log of patient records that have been destroyed.

Hardcopy records will be finely shredded/cross cut or incinerated by an NYGH approved record destruction company.

Hardcopy Health Records where an electronic copy is available

Hardcopy records of Personal Health Information which have been microfilmed, scanned or printed from an electronic system will be destroyed by fine shredding/cross cut or by incineration immediately following fulfillment of the purposes for which it was printed and/or produced. Hardcopy records containing comments or quotes added after printing should be retained if the comments/quotes alter the purpose or direction of the record. These copies may only be destroyed after they are linked to or scanned into the legal health record. Patient level detail logs are not required as the electronic record replaces the hardcopy.

Electronic Health Records

Electronic records (e.g., Cerner, PACS) that have passed the NYGH Retention period will not be destroyed in order to provide a comprehensive longitudinal view of the patient's history in accordance with the current Healthcare system view of maintaining a lifelong health record.

Transitory Records

Transitory records may be destroyed when the task or event to which they relate concludes. The types of records that are considered transitory are limited to those that have no ongoing operational, evidential or historical value regardless of format. Records intended for short-term use may include notes, working papers and drafts, convenience or duplicate copies of material in paper or electronic format including email. Drafts should not be destroyed until the final is agreed upon. A Certificate of Destruction is not required when destroying transitory records.

4. Log and Request to Destroy Personal Health Information & Certificate of Destruction

Date: _____

Service Provider: _____

- 1. Log of Records for Destruction must include the names of patients/individuals to whom the records relate and the date and manner of destruction. The log may be electronic or hard copy. Do not destroy any records related to an ongoing or anticipated investigation, legal action, Freedom of Information request, audit or review even if the record has already met its retention period.

Dates of Records for Destruction: _____

Exclusions of Records for Destruction: _____

Approval - Official Custodian (Program Director)

_____ Program

Approval - Chief Privacy & Freedom of Information Officer:

Dear Service Provider:

To ensure the privacy of records containing any personal health information, please complete the required information below to validate the destruction of the records identified above.

_____ validates that the above named records have been received from _____, North York General and _____

_____ have been destroyed by _____ preferred method of destruction: finely shredded/cross cut or incineration

Signed by _____, _____ at _____ this _____

_____ day of _____ 20_____. date month year

Please retain a copy for your files and return the signed original to:

_____, North York General Hospital, 4001 Leslie S. Toronto, ON M2K 1E1 Program

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5. Certificate of Destruction for Corporate/General Records

Department:		Contact Name:		Telephone:	
Record Type	Brief Description	Date Range		Destruction Method	
		From:	To:		
Approved by Official Custodian:			Department:		
Signature:			Date:		
Approved by: Chief Privacy & Freedom of Information Officer:					
Signature:			Date:		

2. Use this form for the destruction of official corporate records (not personal health information).
3. Only dispose of records that have met or exceeded their retention period. See NYGH Records Retention Schedule.
4. List the records to be destroyed, a description of the record, the date range of the records and the method of destruction. Do not include any personal information i.e. any information that identifies an individual or would lead to their identification. .
5. **Do not destroy** any records related to an ongoing or anticipated investigation, legal action, Freedom of Information request, audit or review even if the record has already met its retention period.

Note: this form is not required for the destruction of **transitory records**. **Print and retain a copy of the completed form. It may have to be produced as evidence that the records were appropriately destroyed and in accordance with the Record Retention Schedule.**