

POLICY INFORMATION

Policy Title: Document Retention and Destruction Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To inform the workforce on appropriate retention and destruction of document/records.

DEFINITIONS

Document/Record: Any document or Document/record that is created and used in the course of business. This includes documents, medical documents/records, financial statements, analyses, meeting minutes, whether on paper or contained on microfiche, microfilm, optical disk, laser disk, or other magnetic media. Documents/records also include data in electronic format intended for use by a computer (i.e., machine sensible documents/records).

Active Document/Record: A Document/record that is regularly referenced or required for current use or operations.

Duplicate/Document Record: A reproduction of a Document/record that has been documented, recorded, copied, or reproduced in the regular course of business by a process that accurately reproduces or forms a durable medium for reproducing the Original Document/record. Duplicate/Document records include reproductions created by any process that stores an image of any writing, entry, print or representation and that does not permit additions, deletions, or changes without leaving a Document/record of such additions, deletions, or changes. Duplicate/Document records are subject to this Policy, however, it is the policy of Nuvance that Duplicate/Document records should not be maintained unless there exists a legitimate business purpose for doing so, such as in cases when the Original Document/record is lost or destroyed, or Covered Individual has been instructed to maintain duplicate Documents/records for the purpose of complying with an audit, investigation, or litigation. If a Duplicate/Document record is in any way added to, deleted, or

amended, it is no longer to be considered a Duplicate/Document record and is considered an Original Document/record for purposes of this Policy.

Electronic Document/Record: A Document/record produced or stored by electronic or computerized means, including electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities. Electronic Documents/records are not Duplicate Documents/records. They are Original Document/records that are not maintained in a tangible form.

Inactive Document/Record: A Document/record that is being retained pursuant to a document retention schedule or policy but that is not regularly referenced or required for current use or operations.

Non-Document/Record: Preliminary materials, published materials and other materials that are not Documents/records and that do not reflect the position or business of Nuvance, including Transitory Documents/records, blank forms, magazines, newspapers, public telephone directories, published books, preliminary working papers, superseded drafts and word processing files used to produce Original Documents/records. Non-Documents/records are not subject to the Retention Schedule and, unless its holder is instructed otherwise, should be discarded when no longer of use.

Original Document/Record: The original version of any document, book, codified statement, analysis, or data as it was created by its true author or group of authors.

Personal Document/Record: A Document/record belonging to an individual that has no content relevant to current Nuvance operations or was not produced using resources of Nuvance. Personal Documents/records are not subject to this Policy. Personal Documents/records that are created by a Nuvance Covered Individual should be clearly marked as personal and filed separately from all other Documents/records. If a Document/record contains both personal and business information, such Document/record shall be considered a Document/record of Nuvance and is subject to this Policy.

Transitory Document/Record: A Document/record that is intended to be an informal communication of information and it is short-lived. Examples of Transitory Document/records include message pad notes, voicemail messages, instant messages, written telephone messages and sticky notes, but only when such Document/records are informal in nature and have temporary value and/or no operational value.

Legal Proceeding: A proceeding, investigation or audit conducted by any government or private entity, agency or authority that may require the production of Nuvance Documents/records, including a lawsuit, government investigation, government audit or bankruptcy proceeding.

Proprietary Information: Includes, but is not limited to, Nuvance business and strategic information, competitor-sensitive information, trade secrets, specifications, protected health information, research data, third-party reimbursement (managed care), purchasing, vendor and technology contracts.

Retention Period: The time during which Documents/records must be maintained by Nuvance as required for operational, legal, fiscal, historical, regulatory, or other purposes and as required by the Retention Schedule, Attachment A.

Retention Schedule: Attachment A, which lists categories of documents and the time period for which they will be held.

Department Director: The Nuvance individual responsible for directing or managing day-to-day operations who reports directly to a senior or executive level management.

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

This Document Retention and Destruction Policy (the "Policy") establishes consistent and comprehensive guidelines for Document/record creation, retention, security, disposal and archiving for Nuvance Health and its affiliates' ("Nuvance"). This Policy is also intended to enhance best business practices, corporate compliance, department accountability, as well as adherence to Federal and State law and other regulatory requirements.

PROCEDURE

CREATION OF DOCUMENTS/RECORDS:

- A. All Document/records created by a Nuvance Covered Individual in the scope of his/her employment and with the use of Nuvance resources are the property of Nuvance.
- B. Nuvance Covered Individuals should use their discretion when creating Documents/records and should only create Documents/records that have a legitimate purpose and use for the operations of Nuvance.
- C. Nuvance Covered Individuals should keep in mind that all Documents/records may be discoverable as part of a Legal Proceeding. If Nuvance ever has notice or knowledge that it is involved in a Legal Proceeding or anticipates involvement in a Legal Proceeding, Covered Individuals may be notified that the disposal of certain Documents/records must cease. In such an instance, Nuvance will institute a "litigation hold" on its Document/record disposal practices, and all Covered Individuals will be notified of the litigation hold directly by a supervisor or by Nuvance counsel.
- D. Nuvance Covered Individuals should be mindful of Documents/records that are subject to Attorney-Client Privilege. This privilege may serve to shield certain Documents/records from production in a Legal Proceeding if the Document/records represent or constitute attorney-client communications. Not every Document/record with an attorney's name on it is privileged, however. As a regular course of business, Nuvance Covered Individuals should create and maintain separate files for any Documents/records that contain attorney-client privileged communications, and those privileged Documents/records should be segregated from Nuvance's non-privileged Documents/records.

RETENTION DOCUMENTS/RECORDS:

- A. The Retention Schedule, Attachment A, hereto provides a list of Documents/records and prescribes the authorized Retention Periods for such Document/records. All Documents/records must be retained for their applicable Retention Periods, or for a longer period if instructions are given in accordance with this Policy.
- B. The Retention Periods are based on the laws of the State of New York, the State of Connecticut, the United States and other regulatory authorities and agencies. This Policy may impose certain Retention Periods that are not specifically covered by or may exceed mandatory requirements of state and/or federal law or other regulations but nonetheless have been deemed to be requirements of Nuvance.
- C. The Retention Periods shall not be construed to be consistent with any contractual obligation of Nuvance. Nuvance will comply with contractual obligations that may or do impose a longer Retention Period than that which appears on the Retention Schedule, Attachment A, (e.g., a managed care contract may require a longer period under its right to audit documents/records).
- D. A Document/record containing information that pertains to different subjects, each of which is subject to a different Retention Period, shall be retained for the longest applicable Retention Period.
- E. No Document/record may be disposed of if a Nuvance Covered Individual knows or reasonably should know that such Document/record is (i) relevant to litigation, criminal and/or civil investigations, audits, or needed for ongoing administrative proceedings, (ii) reasonably calculated to lead to the discovery of relevant Document/records in a Legal Proceeding, (iii) reasonably likely to be requested during discovery in a Legal Proceeding, or (iv) subject to a pending discovery request in a Legal Proceeding.
- F. Active Documents/records in paper form should be retained in appropriately secured files or cabinets at the appropriate Nuvance or affiliate location or on the Nuvance server (“On-Site”), for a period of no more than twelve (12) months following the date the Document/record became active. Certain Active Documents/records may be retained On-Site for a longer period of time if the Department Director in charge of such Document/record determines, at his/her discretion and on a case-by-case basis, that longer On-Site retention is necessary. In such an instance, the Department Director shall notify the creator or holder of such Document/record as soon as it is no longer necessary for the Document/record to be retained On-Site.
- G. If a Document/record in paper form is to be retained On-Site, Nuvance Covered Individuals are encouraged to first convert such Document/record into an electronic or computerized format so that it may be retained on the Nuvance server, which has appropriate archival and backup capabilities. Document/records should be retained On-Site in paper format only when absolutely necessary, and no Document/record should be retained solely on an individual computer and/or laptop hard drive. Department Directors shall advise Covered Individuals when determining which retention format is necessary.
- H. A Document/record in paper form that is not retained On-Site in accordance with the paragraph above shall be retained throughout its Retention Period, and then disposed of, at an off-site storage facility (“Off-Site”), that is managed by a specific contracting agent of Nuvance (the “Retention and Disposal Agent”).
- I. Department Directors are responsible for internally overseeing and coordinating, in accordance with the Retention Periods, the transfer of Documents/records created in their respective Departments to an Off-Site location for retention. When it is time to transfer a Document/record to an Off-Site location for retention in accordance with the requirements set forth above, the respective Department Directors shall be responsible for ensuring that such Document/record, whether in paper or electronic format, is removed from its Onsite location and properly and securely transferred to the Retention and Disposal Agent.



- J. If, for whatever reason, a Nuvance Covered Individual's employment terminates, that Covered Individual's Department Director shall be responsible for ensuring the appropriate retention of all Document/records in such Covered Individual's files and, on such Covered Individual's computer.

REFERENCES

- 63 Fed.Reg. 8987, February 23, 1998 Hospital Compliance Program Guidelines
- 63 Fed.Reg. 42410, August 7, 1998 Home Health Compliance Program Guidelines
- 65 Fed.Reg. 14289, March 16, 2000 Supplemental Hospital Compliance Program Guidelines
- 70 Fed.Reg. 4858, January 31, 2005 Nursing Facility Compliance Program Guidelines

APPROVAL

DocuSigned by:
Jared B Gaynor
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Signature

2/28/2024

Date

HEALTH QUEST SYSTEMS, INC.

RECORD RETENTION SCHEDULE - MEDICAL FACILITY RECORDS

#	RECORD DESCRIPTION	RETENTION TIME	REFERENCE
A.	Administrative / Employment / Safety Records		
1	OSHA Records (logs, summaries, and OSHA forms 300, 300A, 301)	Active + 30 years	CT.RSC.001 29 CFR1904.6 29 CFR 1904.33
2	Health & Safety Hazardous Employee Exposure	Active + 30 years	29 CFR1910.1020(d)(ii)
3	Health & Safety Noise Exposure Measurements	Active + 30 years	29 CFR 1910.95(m)(3)(i)
4	Health & Safety Audiometric Test Record	Active + 30 years	29 CFR1910.95(m)(3)(ii)
5	Health & Safety Emergency Action Plans	Active + 30 years	Greater New York Hospital Association ("GYNHA") recommendation; prior policy
6	Material safety Data Sheets	Active + 30 years	29 CFR 1910.1020(d)(ii)(B) 40 CFR68.200 40 CFR68.39 40 CFR68.67 42 USC9612
7	Tests for Leakage or Contamination of Sealed Sources (radiation-related)	Permanently	GYNHA recommendation. (Legal minimum 5 years)
8	Therapeutic Radiation Machines (including records of all surveys for inspection, reports of acceptance testing, records of calibration and periodic spot checking, and records of maintenance and modifications)	Permanently	GYNHA recommendation. (Legal minimum: until New York DOH authorizes disposal, plus 3 years.)
9	Autoclave (including records of time, temperature, and pressure associated with each load autoclaved)	6 years	10 NYCRR 70-3.4
10	Alarm System Activity	2 years	CT State Agency S1-030
11	Emergency Preparedness documents / plans / records	Active + 30 years	"2014 HQ Policy"

12	Fire Extinguisher Inspection Records	6 year	29 CFR 1910.157
13	Hazardous Waste Records	6 years	10 NYCRR 70-2.5
14	Insurance Policies / Certificates	Permanently	“2014 HQ Policy”
15	Death Records	Permanently	CT.RSC.003
16	Birth Records	Permanently	CT.RSC.004
17	Admission, Discharge, Treatment and Transfer Records, Statistics, Register, Logbooks	Permanently	CT.RSC.002 CT State Agency S4-010
18	Chronological Files	6 years	“2014 HQ Policy”
19	Daily Census / Outpatient Dept. patient lists	6 years	GNYHA
20	Department Statistics	6 years	GNYHA
21	Utilization Review Records / Case Management (administrative)	21 years	42 CFR 482.24
22	Accreditation Records	Permanently	CT State Agency S1-015 GNYHA
23	Licensing Records (work papers supporting licensure)	10 years	GNYHA “2014 HQ Policy”
24	Calendars	6 years	GNYHA
25	Correspondence / Email and other Electronic Messages	6 years	“2014 HQ Policy”
26	Meeting Records and Minutes (Board Meetings, Committee Meetings, Medical Board, Department Meetings)	Permanently	CT State Agency S1-350 GNYHA “2014 HQ Policy”
27	Construction Records (as built records, final plans and specifications, plans, blueprints)	Life of structure + 6 years	GNYHA “2014 HQ Policy”
28	Bids Accepted / Rejected (including records, requests, replies)	Current + 6 years	GNYHA “2014 HQ Policy”
29	Contract Negotiation Documentation (including planning, administration and management of construction)	Active + 10 years	“2014 HQ Policy”

30	Donation Records/Correspondence - Bequests and Endowments	Permanently	CT State Agency S1-130
31	Event records (records / publications regarding special events, lectures, ceremonies - community relation matters)	Active + 6 years	“2014 HQ Policy”
32	Public Relations Records (media advertising, news/media clippings, press releases, photos, advertisements)	Active + 6 years	GNYHA “2014 HQ Policy”
33	Development Office Giving Records	15 years	GNYHA
34	Contracts (Physicians or other Referral Sources)	Permanently	“2014 HQ Policy”
35	Contracts (Other — including managed care, grants, etc.)	Current + 10 years	“2014 HQ Policy”
36	Affiliation Agreements / Residency Rotation Agreements	21 years	“2014 HQ Policy”
37	Litigation Records (Final Judgments, Settlements, Court Orders, Corporate Integrity Agreements, Legal Opinions, Administrative Decisions)	Permanently	CT State Agency S1-290 GNYHA “2014 HQ Policy”
38	Subpoenas	6 years	GNYHA
39	Federal Investigations	Permanently	“2014 HQ Policy”
40	Reports / Forms submitted to Government	Permanently	“2014 HQ Policy”
41	Quality Assurance / Performance Improvement Records	21 years	GNYHA “2014 HQ Policy”
42	Risk Management Files & Reports	21 years	“2014 HQ Policy”
43	Compliance and Internal Audit Work Papers Related to Investigations	10 years	GNYHA “2014 HQ Policy”
44	Worker's Compensation Records	Duration of employment + 6	CT State Agency S2-370
45	Occupational Injuries Records	18 years	NY Workers Comp. Law 110(1)
46	Accident/Incident Records (employee, patient, visitor)	21 years	GNYHA

47	Employee Personnel File (application, resume, background checks, disciplinary records, compensation/earnings records, performance evaluation records, licenses, training records, promotions, job position changes)	Duration of employment + 30 years	CT State Agency S2-020 CT State Agency S2-060 CT State Agency S2-120 CT State Agency S2-160 CT State Agency S2-280
48	Certificates of Completion of Infection Control & Barrier Precaution Training Courses	21 years	10 NYCRR 92-1.6
49	Affirmative Action Plans and Reports	5 years	41 CFR 60-1.12
50	Affirmative Action Records	2 years from making record	CT Commission on Human Rights regulation 46a-68-99
51	Grievance Records	5 years from date	CT
52	Complaint Records - EEOC / Discrimination	6 years or until resolved,	29 CFR 1602.7
53	Administrative Investigations (misuse of funds, workplace violence, whistleblower)	5 years or until resolved, whichever is later	Section 5(a)(1) OSHA, CT
54	Paid Time Off Records / Leave Requests	Current year + 6 years	GNYHA recommendation
55	FMLA Leave Records	6 years	29 CFR 825.500
56	Payroll and Compensation (Basic and Supplemental, such as wage rate tables, time sheets, earning cards, docs indicating daily start/end times)	6 years	12 NYCRR 142-2.6 29 CFR 516.5 29 CFR 516.6
57	Notice of Opportunities (includes advertisements and notices related to job openings, promotions, training, and overtime opportunities)	6 years, except if employment charge or action is filed, related records must be kept until final disposition of the charge or action	29 CFR 1602.14 29 CFR 1627.3 (b)(1)(i),(iii), (iv)
58	Exit Interviews	2 years from date of exit interview	CT State Agency S2-200
59	Terminated Employees' Personnel Records	Duration of employment + 6 years	29 CFR 1602.14
60	Application Materials for Employment — not hired	6 years	29 CFR 1602.14

61	Benefits/Pensions/Life Insurance/Reporting Contributions (benefit plans, forms, ERISA filings and related records, plans or trusts that provide income including in "regular rate" of pay for FLSA)	Active + 6 years	29 USC 1027 1059 1113 29 CFR 1627.3(b)(2) 29 CFR 1627.3(b)(3)
62	Employee Assistance Program Records	2 years from date of report or referral	CT State Agency S2-150
63	Examination Records (Employee Testing, including any exams considered in connection with personnel action)	6 years, except that if an employment charge or action is filed, related records must be kept until final disposition of the charge or action	29 CFR 1602.14 29 CFR 1627.3(b)(1)(iv)-(v)
64	Form I-9	6 years (for unhired applicants, retention period is 3 years from recruitment or referral date. For those hired, retention period is 3 years from hire, or 1 year from termination, whichever is later)	8 CFR 274a.2(b)(2)(i)
65	Identification Card Records (ID Badges)	Until superseded or date terminated	CT State Agency S1-270
66	Records of all Volunteers, Students, or other Non-Compensated Personnel (including applications, resumes, CVs and interview materials)	6 years	12 NYCRR 142-3.7
67	House Staff Credentials	Active +21 years	GNVHA "2014 HQ Policy"
68	Medical Staff Credentials / Personnel Records	Active + 20 years	10 NYCRR 405.6(b)(7)(iv)
69	Medical Staff records of rejected applications	Active + 10 years	"2014 HQ Policy"
70	Recruitment Records	2 years from date position filled or closed	CT State Agency S2-310
71	Personnel Decisions (Records related to hiring, promotion, demotion, transfer, and selection for training, layoff, recall, discharge, or termination, including merit and seniority systems)	Duration of employment + 30 years	CT State Agency S2-290 CT State Agency S2-330

72	Personnel Policies	6 years from date of being superseded	CT Policy
73	Training Records	Active + 6 years	GNVHA
74	Training Materials & Certificates (course outlines and materials, enrollment and attendance, applications or requests for training)	Active + 10 years	"2014 HQ Policy"
75	Nursing Training Records	Active + 10 years	"2014 HQ Policy"
76	Educational Assistance Financing	Current + 6 years	GNVHA "2014 HQ Policy"
77	W-2 Forms	Corporate tax return filing date + 6 years	26 CFR 301.6501(e)-(1)
78	W-9 Letters	Corporate tax return filing date + 6 years	26 CFR 301.6501(e)-(1)
79	W-4 Forms	Corporate tax return filing date + 6 years	26 CFR 301.6501(e)-(1)
80	Form 990	Corporate tax return filing date + 6 years	26 CFR 301.6501(e)-(1)
81	Form 940 & 941	Corporate tax return filing date + 6 years	26 CFR 301.6501(e)-(1)
82	Form 1099	Corporate tax return filing date + 6 years	26 CFR 301.6501(e)-(1)
83	Reasonable Accommodation	6 years unless a change or action is filed	29 CFR 1602.14
84	Employment Contracts — other than physicians	6 years (from last effective date)	29 CFR 516.5
85	Employment contracts - physicians	Permanently	"2014 HQ Policy"
86	Parking Permits	1 year from date superseded, cancelled, expired or revoked	CT State Agency S1-430
87	Phone Records	1 year after end of year to which record relates	CT State Agency S1-470
88	Planning Records / Feasibility Studies (planning new or redefined programs, services or projects, needs assessments, consultant reports, surveys and related correspondence)	10 years	"2014 HQ Policy"

89	Policies / Procedures / Guidelines	Permanently	CT State Agency S1-490
90	Organizational Documents (Incorporation paperwork, By-Laws (hospital and medical staff), organizational charts	Permanently	GNYHA “2014 HQ Policy”
91	Hospital Annual Reports	Permanently	CT State Agency S1-600 GNYHA “2014 HQ Policy”
92	Deeds, Mortgages, Certificate of Need Applications and Approvals, Licenses, Permits	Permanently	GNYHA “2014 HQ Policy”
93	Leases - with physicians, physician groups, or other referral sources	Permanently	“2014 HQ Policy”
94	Leases — Other	Current + 6 years	GNYHA “2014 HQ Policy”
95	Security Breach Notification Records (PHI Disclosures HIPAA Privacy Rules) and Compliance Records	21 years	45 CFR 164.528(a)(1)
96	Security Records	2 years	CT State Agency S1-640
97	Security Surveillance Recordings	30 days from date of recording	CT State Agency S1-650
98	Data Processing Records	10 years	“2014 HQ Policy”
99	Equipment / Facilities Maintenance Records	21 years	GNYHA
B. Patient Health Records			
1.	New York State providers		
1.a.	Patient Medical Records (NY): Adult	6 years from date of discharge or death, whichever comes first.	10 NYCRR 405.10(a)(4)
	Patient Medical Records: (NY) Minor / Children	21 years from date of discharge or death, whichever comes first.	10 NYCRR 405.10(a)(4)

2.	State of Connecticut providers		
2.a.	Patient Medical Records (CT) —Hospital - Adult	10 years from date of discharge or death, whichever comes first.	CT.RSC.005 42 CFR482.24(b)(1) CPHC19-13-D3(d)(6)
2.b.	Patient Medical Records (CT) — Hospital - Minor	25 years from date of discharge or death, whichever comes first.	CT.RSC.007 42CFR482.24(b)(1) CPHC19-13-D4a(d)(4) CT State Agency S4-253
2.c.	Patient Medical Records (CT) — Ambulatory Care Clinics	5 years from date of discharge of patient	CT State Agency S4-240
2.d.	Patient Medical Records (CT) -Psychiatric clinics - Minor	7 years from the date of discharge or death, whichever comes first.	CT State Agency S4-250
2.e.	Patient Medical Records (CT) — Mental Health Outpatient- Adults	10 years from date of discharge or closure of case.	CT State Agency S4-230
2.f.	Patient Medical Records (CT) - Hospice	25 years from date of discharge or death, whichever comes first.	CT State Agency S4-285
3	Patient Medical Records — Dialysis Unit (patients requiring dialysis at out of hospital outpatient or and in hospital outpatient dialysis units)	5 years from date of discharge of death	CT State Agency S4-270
4	Medical Doctors (physician practices)	7 years from the last date of treatment, or, upon the death of the patient, for 3 years.	CPHC 19a-14-42
5	Patient Transfer Records	21 years from date of transfer	CT.RSC.008
6	Physician On-Call Records	21 years	CT.RSC.009 42 USC1395cc(a)(1)(1)(ii) 42 CFR 489.20(r)
7	Employee Medical Records	Duration of employment + 30 years	CT State Agency S4-170 CT State Agency S2-250

8	Cancer Registry Records (Consists of records that document newly diagnoses and follow-up of cancer patients. Including but not limited to: forms submitted to the Department of Public Health (DPH) pursuant to Conn. Agencies Regs. Section 19a-73-3(a))	10 years from date of discharge or death	CT State Agency S4-020
9	Master patient index (index that documents all patients currently and previously registered at a health care facility)	Permanently	CT State Agency S4-220
10	Psychological Testing Data	Consists of raw test data (e.g. IQ test) from psychological assessments of patients	CT State Agency S4-360
C. Facility Department Records			
1	Immunohematology — Quality Control Records	5 years	CT.RSC.010
2	Laboratory — Quality Control Records	21 years	CT.RSC.011
3	Release, Disposal or Transfer of body/human remains	21 years	GNYHA “2014 HQ Policy”
4	Emergency Response Logs (logs that document emergency responses for respiratory and cardiac cases (e.g. code blue))	1 year from date of response	CT State Agency S4-160
5	ER Central Log of Patients	21 years	42 CFR 489.20(r)
6	ER Diversion Sheet	6 years	GNYHA “2014 HQ Policy”
7	Ambulance Corps Records	21 years	GNYHA “2014 HQ Policy”
8	Disease, Operation, and Physician Indices (records that document disease, operation, and physician activities at a health care facility)	10 years from date of service	CT State Agency S4-150
D. Medical Research Records			

1	Institutional Review Board (IRB) (Includes minutes, correspondence, written procedures, committee attendance, and voting)	21 years	CT.RSC.012 45 CFR46.115 21 CFR 56.115 45 CFR 46.115
2	Institutional Review Board (IRB) Research Records (Includes consent documents, correspondence, progress reports, injury reports, records of continuing review activities, proposals, statements of significance, and scientific evaluations)	21 years after completion of research	CT.RSC.013 45 CFR46.115 21 CFR 56.115 45 CFR 46.115
3	Institutional Review Board (IRB) Principal Investigator Records (records that document IRB and Human Investigations Committee (HIC) investigator activities retained pursuant to HIPAA. (Documents related to uses and disclosures, authorization forms, business partner contracts, notices of practice, responses to requests to amend or correct information, patient's statement of disagreement, and related complaints.)	21 years from date research project ends	21 CFR 56.115 45 CFR 46.115
E. Pharmacy Records			
1	Controlled Substances - Inventory, Disposal, Orders, and Prescriptions	21 years	CT.RSC.014 21 CFR1304.04(a) CC20-615 NY Pub. Health Law 3370(1) 10 NYCRR 80.100 21 CFR 1304.04
2	Controlled Substances - Dispensed and Administered	CY+3 years from date of Last dispensing	CT.RSC.015 21 CFR1304.04 21 CFR1304.22 CC20-615 CT State Agency S4-310
3	Alcohol (Tax Free) Inventory	CY+ 3 years from date of dispensing	CT.RSC.016 27 CFR22.164 CC20-615

4	Pharmacy Prescriptions	21 years from date of Last Transaction	CT.RSC.017 21 CFR1304.04(h) CC20-615 NY Educ. Law 6810(5)
F. Laboratory Therapy & Imaging Records			
1	Blood Bank — Adverse Reactions to Transfusions	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.018 21 CFR606.160
2	Blood Bank — General Records (histories, examinations, consent, reactions, donor selection, results of required tests performed on plasmapheresis and cytopheresis donors, permanent and temporary deferrals, investigation and follow-up, therapeutic bleedings, immunization, and blood collection)	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.019 21 CFR606.160 CPHC19a-36-A-54
3	Blood Bank — ABO and RH Types (type testing of blood)	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.020 21 CFR606.160
4	Blood Bank — Quality Control (calibration and standardization of equipment, performance checks, periodic check of sterile technique, and periodic tests of the capacity of shipping containers to maintain the proper temperature)	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.021 21 CFR606.160
5	Blood Bank — Blood Test Results (including interpretations and release data for compatibility testing)	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.022 21 CFR606.160
6	Blood Bank — Final Disposition of Blood and Components	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.023 21 CFR606.160

7	Blood Bank — Refrigeration and Blood Inspection Records	5 years after processing or 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.024 21 CFR606.160
8	Blood Bank — Transfusion Records (Including requests, blood, blood components, derivatives released for allogeneic or autogeneic transfusions, cytopheresis and records related to hematopoietic progenitor cell banks)	21 years, or if later, 6 months after the latest expiration date. If there is no expiration date, records are retained permanently.	CT.RSC.025 21 CFR606.160 10 NYCRR 58-2.10(a) 10 NYCRR 58-2.15(g) 10 NYCRR 58-5.8(a)
9	Blood Film (routine)	3 years	10 NYCRR58-1.11(d)(1)(ii)
10	Blood Film (other than routine)	3 years	10 NYCRR58-1.11(d)(1)(i)
11	Recipient Blood Specimens	1 week stoppered at 6 degrees Celsius	10 NYCRR58-1.11(d)(1)(xii)
12	Electroencephalogram (EEG) Tracings	7 years or 3 years from date of death	CT.RSC.026 CPHC19a-14-42 CT State Agency S4-100
13	Electrocardiography (EKG) Tracings	7 years or 3 years from date of death	CPHC19a-14-42 CT State Agency S4-100
14	Electrocardiogram (ECG) Tracings	7 years from the last results showing a change or 3 years from date of death	CT.RSC.027 CPHC19a-14-42 CT State Agency S4-100
15	Diagnostic Ancillary Testing Requisitions (requisitions to conduct laboratory work (e.g. EEG, EKG, ECG, radiology, and MRI)	2 years from date of requisition	CT State Agency S4-080
16	Diagnostic Ancillary Testing Reports (records that document laboratory work (e.g. maternal serum screening) maintained by laboratories	5 years from date of discharge or 3 years from date of death	CT State Agency S4-090
17	Laboratory Test Requisitions (authorizing a laboratory to perform tests on a sample)	2 years	CT.RSC.029 42CFR493.1105 CPHC19a-36-D30

18	Patient Testing Lab Reports and PKU Reports — Laboratory Copies (documenting each step in the processing, testing, and reporting of patient specimens to assure the accuracy of testing, and the loan or referral of slides to another laboratory)	5 years for positive test results. 2 years for non-positive test results.	CT.RSC.030 42CFR493.1101 CPHC19a-14-42
19	Pathology Slides, Reports & Records	21 years	CT.RSC.031
20	Tissue Block and FNA	21 years	10 NYCRR58-1.11(d)(1)(vi)
21	Histopathology Block	21 years	10 NYCRR58-1.11(d)(1)(vii)
22	Histopathology Slide	21 years	10 NYCRR58-1.11(d)(1)(viii)
23	Bone Marrow Biopsy	21 years	10 NYCRR58-1.11(d)(1)(ix)
24	Bacteriology Slide Upon Which Diagnosis Depends	3 years	10 NYCRR58-1.11(d)(1)(iii)
25	All Other Lab Reports	21 years	10 NYCRR58-1.11(c)(5)(iv)
26	Accession Records (lab)	7 years	10 NYCRR58-1.11(c)(2)
27	Quality Control Records (lab)	21 years	10 NYCRR58-1.11(c)(3)
28	Syphilis Serology (negative)	21 years	10 NYCRR58-1.11(c)(5)(ii)
29	Preventative Maintenance, Service, Repair Records (lab equipment)	21 years	10 NYCRR 58-1.11(c)(4)
30	Worksheets containing instrument readings and/or personal observations upon which an outcome is based	21 years	10 NYCRR 58-1.11(c)(6)
31	Records of Reproductive Tissue Transfer / Artificial Insemination/Implantation	25 years	10 NYCRR 52-2.9(b)
32	Tissue Pathology and Exfoliative Pathology Reports and Autopsy Reports	21 years	10 NYCRR58-1.11(c)(5)(i)

33	Records of Tissue and Nontransplant Anatomic Parts Released for Transplantation, Transfer, Research, and education Transplant Records	Hold for at least 21 years after transplantation or 6 months after the expiration date of the tissue, whichever is longer.	10 NYCRR 52-2.9(b)
34	Infection Control Reports	21 years	GNYHA
35	Fetal Monitoring Strips	21 years	GNYHA
36	Clinical Department Reports, Records & Films	10 years	“2014 HQ Policy”
37	Requests for Cytogenetic Tests	7 years	10 NYCRR58-1.11(c)(1)
38	Cytogenetics Reports	25 years	10 NYCRR58-1.11(c)(5)(iii)
39	Cytogenetic Slide	21 years	10 NYCRR58-1.11(d)(1)(x)
40	Photographic Slide of Cytogenetic Karyotype	25 years	10 NYCRR58-1.11 (d)(1)(xi)
41	Cytology Slide (abnormality)	7 years	10 NYCRR58-1.11(d)(1)(v)
42	Cytology Slide (no abnormality)	3 years	“2014 HQ Policy”
43	Cytotechnologist Work Standard	Active + 6 years	10 NYCRR 58-1.12(d)
44	Requests for Tests (oral, written, and electronic requests for tests)	21 years	CT.RSC.032 42 CFR493.1105 10 NYCRR58-1.11(c)(1)
45	Test Procedures — Errors (include original and corrected reports)	2 years	CT.RSC.033 42 CFR493.1219(d)(3)
46	Performance Records (for the individual Medicare, Medicaid, and CLIA-licensed specialty or subspecialty of service after a proficiency test is performed)	5 years	CT.RSC.034 42 CFR493.903
47	Diagnostic EEG/ECG/EKG reports	Duration of corresponding patient medical records (adult 10 years, minor/child 25 years)	CT State Agency S4-110

48	Diagnostic Radiology Imaging/Nuclear Medicine Records/Reports (films, scans, images, reports)	21 years	10 NYCRR 405.15(a)(5) 10 NYCRR405.15(C)(4)(i)
49	Diagnostic Radiology Imaging Mammography Records (including baseline mammography images)	21 years from date of discharge or death	10 NYCRR 16.22(b)(2) 21 CFR 900.12(c)(4)(i) NY Educ. Law 6530(32) NY Pub. Health Law 18
50	X-Ray Films	3 years	CT.RSC.035 CPHC19a-14-42
51	Radioisotopes (receipt, transfer, use, storage, delivery, disposal, and overexposure of radioisotopes)	Permanently	CT.RSC.028 10 CFR30.51
G	Nursing Home Records		
1	Patient Medical Records	7 years	CC 19a-552b
H	Outpatient Facility Records		
1	Patient Medical Records	5 years	CPHC 19-13-D-49(a)
I	Fiscal / Finance /Purchasing / Reimbursement Records		
1	External Audit Reports	Current year + 10 years	“2014 HQ Policy”
2	Internal Audit Reports	3 years or until audited, whichever is later	CT State Agency S3-320
3	Budget Work Papers / Records (budget request records, capital project records, bond submissions/records)	Current year + 10 years	“2014 HQ Policy”
• 4	Financial Statements / Summary Reports	Current year + 10 years, although may keep longer for historical archives purposes	“2014 HQ Policy”
5	Collection Records	Current year + 6 years	“2014 HQ Policy”
6	Purchase Orders/Supply Requisitions — contracts (electronic and paper records including contracts, amendments, change orders)	Tenn of contract, or until audited, whichever is later	CT State Agency S3-630

7	Purchase Orders/Supply Requisitions — equipment (electronic and paper records including contracts, amendments, change orders)	Retain for economic life of equipment or item	CT State Agency S3-640
8	Purchase Orders/Supply Requisitions — other (electronic and paper records including contracts, amendments, change orders)	Current year + 6 years	“2014 HQ Policy”
9	Financial Reports and Work papers	Current year + 10 years	“2014 HQ Policy”
10	Receiving Reports (requisition forms and inventory withdrawal forms)	3 years or until audited, whichever is later	CT State Agency S3-660
11	Inventory of Equipment (inventory reports, fixed assets, property inventory reports, inventory summary, controllable property inventory, and Generally Accepted Accounting Principles (GAAP) reporting forms)	3 years or until audited, whichever is later	CT State Agency S3-680
12	Property Damage Reports / Records — Real and Personal Property	3 years or until audited, whichever is later	CT State Agency S3-720
13	Cost Reports and Workpapers	The latest of: 6 years from the filing date, or the date upon which the fiscal and statistical records were required to be filed, or 2 years from the end of the last calendar year during any part of which the provider's rate or fee was based on the fiscal or statistical report	42 CFR 413.20 42 CFR 413.24 10 NYCRR 86-1.8 18 NYCRR 517.3 18 NYCRR 517.6

14	<p>Cost Report Support Papers (includes Vouchers/Invoices, Vendor Files and Reports, Cash Disbursements, Contract Accounting Records, Cost Accounting Records, Credit Card Charge Slips, Credit Card Statements, Expense Reports, Accounts Receivable Invoices, Accounts Receivable Cash Receipts, Accounts Receivable Sales Receipts, Accounts Receivable Management Work papers, Accounts Receivable Reconciliations, Capital Property Acquisitions, Construction Accounting Reports, Construction Accounting Work papers, Capital Expenditure Receipts, Capital Expenditure Reports, Account Ledgers, Accounts Payable Ledgers, Accounts Receivable Ledgers, Balance Sheets, Payroll Registers, Payroll Checks, Bank Deposits, Bank Statements, Check Registers, Checks Paid/Cleared, Investment Statements, Hospital Finance Records, Patient Financial Records, Patient Accounting Files, Insurance Remittance, Insurance Explanation of Benefits)</p>	<p>For Medicaid Records, the latest of: 6 years from the date of filing of cost reports, or the date upon which the fiscal and statistical records were required to be filed, or 2 years from the end of the last calendar year during any part of which the provider's rate or fee was based on the fiscal or statistical reports</p>	<p>42 CFR 413.20 42 CFR 413.24 26 CFR 301.6501(e)-(1)</p>
15	<p>Accounting Records (accounts receivable and payable, bank account records, cash receipts, disbursements ledgers, journal and books, commitment lists, cost allocation plans, grant files (fiscal records), receivables, requisitions, special fund records)</p>	<p>6 years</p>	
16	<p>Disbursement Records (bills, expenditure analyses and certificates, invoices/vouchers, moving expense records, receipts, remittance records, reimbursements, request for proposals, prepayment service requests, travel authorization requests, vendor check cancellation records)</p>	<p>6 years</p>	

17	Payroll Records (deduction records, notices of employee death, employee file change records, employee timesheets and cards, employee waivers for group coverage or requests to discontinue contributions, garnishments, health insurance reimbursement records, longevity salary increase records, overtime pay records, payroll records, reimbursable cost recovery reports, remittance reports, work schedules, tax withholding records, tuition reimbursement records, tax id number and certification requests (W-9), unemployment compensation quarterly reports, wage execution records, worker's compensation accrued leave use requests)	6 years	"2014 HQ Policy"
18	Revenue Records (accountability reports, bad check notices, deposit slips, refund slips)	6 years	