

Good Samaritan Health and Wellness Center Policies and Procedures

Subject: Destruction of PHI Electronic Data	Policy #: 4.9.9
Prepared by: Teri Craig	Effective Date: 06-16-2016
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4.9.9 Destruction of PHI Electronic Data

PURPOSE:

This policy provides the guidelines used by Good Samaritan Health and Wellness Center (GSHWC) regarding destruction procedures for electronic personal health information (PHI).

SCOPE:

These guidelines used by GSHWC cover all types of electronic storage for personal health information. These include, but are not limited to:

- Internal hard drives
- External storage media – diskettes, tapes, compact disks (CDs), digital video disks (DVDS)
- External storage devices – hard drives, zip drives, USB or flash drives
- All media formats – documents, spreadsheets, electronic medical/health records, e-mail, audio files, images, video files

POLICY:

GSHWC 's retention policies must be adhered to as it related to PHI destruction. Extreme care should be used when storing or destroying any confidential information. Information and data produced or created by GSHWC is the property of GSHWC. The release or sharing of unapproved, confidential information is against GSHWC policy.

All destruction/disposal of electronic protected health information (e-PHI) media will be done in accordance with federal and state law, state policy and following Good Samaritan Health and Wellness Center's written retention policy/schedule. Records that have satisfied the period of retention (see retention policy/schedule) will be destroyed/disposed of in an appropriate manner.

Records involved in any open investigation, audit or litigation should not be destroyed/disposed of. If notification is received that any of the above situations have occurred or there is the potential for such, the record retention schedule shall be suspended for these records until such time as the situation has been resolved. If the records have been requested in the course of a judicial or administrative hearing, a

qualified protective agent will be obtained in order to ensure that the records are returned to the organization or properly destroyed/disposed of by the requesting party.

Records or other documents containing PHI scheduled for destruction/disposal should be secured against unauthorized or inappropriate access until the destruction/disposal of consumer information is complete. This means that this material should be stored in secure containers (not in wastebaskets, boxes, recycle bins, etc.) and secure locations until the time of destruction/disposal.

Business Associate Agreements (BAAs) between Good Samaritan Health and Wellness Center and their Business Associates will provide that, upon termination of the contract, the business associate will promptly return or destroy/dispose of all consumer health information. The destruction of e-PHI by the Business Associate will be documented in writing and sent to GSHWC. This accounting should include:

- Date of destruction/disposal.
- Method of destruction/disposal.
- Description of the destroyed/disposed record series or medium.
- Inclusive dates covered.
- A statement that the consumer information records were destroyed/disposed of in the normal course of business.
- The signatures of the individuals supervising and witnessing the destruction/disposal.

If such return or destruction/disposal is not feasible, the contract will limit the use and disclosure of the information to the purposes that prevent its return or destruction/disposal.

A record of all case files containing protected health information that are destroyed or disposed will be made and retained permanently by Good Samaritan Health and Wellness Center. Records of destruction/disposal should include:

- Date of destruction/disposal.
- Method of destruction/disposal.
- Description of the destroyed/disposed record series or medium.
- Inclusive dates covered
- A statement that the consumer information records were destroyed/disposed of in the normal course of business.
- The signatures of the individuals supervising and witnessing the destruction/disposal.

If destruction/disposal services are contracted or performed by another state agency, the contract or agreement will provide that Good Samaritan Health and Wellness Center's business associate will establish the permitted and required uses and disclosures of information by the business associate as set forth in the federal and state law and include the following elements:

- Specify the method of destruction/disposal.
 - Specify the time that will elapse between acquisition and destruction/disposal of data/media.
- Establish safeguards against breaches in confidentiality. Establish safeguards against breaches in confidentiality.
- Indemnify GSHWC from loss due to unauthorized disclosure.

- Require that a non-state government business associate maintain liability insurance in specified amounts at all times the contract is in effect.
- Provide proof of destruction/disposal.

Consumer information media will be destroyed/disposed of using a method that ensures the consumer information cannot be recovered or reconstructed.

VIOLATION REPORTING:

Any observed or suspected violations should be immediately reported to the following:

- Executive Director
- Security Officer
- Chief Financial Officer

SUPPORTING REFERENCES:

O.C.G.A. 16-9-93(c)

- The Joint Commission Standards (2009), *Maintain Security and Integrity of Health Information (IM 02.01.03)*

PROCEDURE

The I.T. department is responsible for the following:

Backup

For Network Servers:

1. Schedule the system to perform a “full data backup” of the consolidated data.
2. The backup routine is performed at the end of each business day.

Verification

Process Verification Procedure:

1. I.T. staff will conduct a quarterly audit accounting for all backup media.
2. All media acquired by **Good Samaritan Health and Wellness Center** for backup purposes will be logged and the disposition of each recorded.
3. All retired media will be stored and later destroyed in compliance with **Good Samaritan Health and Wellness Center’s** PHI Record Destruction policy.

VIOLATION REPORTING

Any observed misuse or violation of this policy should be immediately reported to one of the following persons:

- Executive Director,
- Chief Financial Officer,
- Security Officer