

ORGANIZATIONAL PROCEDURE

PROCEDURE # 3.6A	EFFECTIVE DATE	REVISED DATE
TITLE: RETENTION AND DESTRUCTION OF ADMINISTRATIVE RECORDS	02/09/2024	
<u>ATTACHMENT TO</u>	REVIEW DATES	
POLICY #: 3.6		
POLICY TITLE: RECORDS RETENTION		
CHAPTER: INFORMATION MANAGEMENT		

I. PURPOSE

This policy identifies the procedures for the routine periodic review of administrative records to identify and execute the safe destruction of those which are no longer needed.

II. PROCEDURES

Lakeshore Regional Entity (LRE) will use record retention protocols which include mechanisms for securely storing and retaining data as required and recommended, for identifying data which should be discarded/destroyed, and for securely and efficiently destroying data that is no longer needed.

Records shall be retained/disposed according to State of Michigan Records Retention and Disposal Schedule and federal and state legal and regulatory standards (see also LRE Policy 6.0 RETENTION OF RECORDS).

All records disposal will be done in a manner ensuring confidentiality of protected data.

A. Periodic review and removal of records:

LRE shall periodically (at minimum once every 2 years) conduct a comprehensive review of stored records, including both digital and non-digital information, for the purpose of identifying records that are no longer needed either for potential future business purposes or as related to records retention policies.

B. Review and removal of digital information:

1. Digital information stores will be reviewed to identify which data should be retained and which should be archived or deleted.
2. Data which is identified as eligible for archival will be moved to appropriate secure digital archive storage areas.
3. Data which is identified as eligible for deletion will be logged and reviewed with the LRE Executive Leadership Team for approval prior to data deletion.
4. Data which is approved for deletion will also be reviewed by the LRE Chief Information Officer for secondary approval.

5. Data targeted for deletion will be removed from LRE systems as appropriate, with adequate precautions taken to ensure that additional data beyond that identified for removal is not accidentally removed.
6. Data which has been removed will be logged by LRE IT department staff with descriptions of the type of data removed, dates that associated approvals were received, and dates when the data was deleted.
7. LRE will ensure that if the device or volume which contained the data is emptied and is decommissioned, any residual data on that device/volume will be thoroughly erased (digitally destroyed) or the device/volume itself will be physically destroyed. Dates when devices were erased and/or physically destroyed will also be logged by LRE IT department staff.

C. Review and removal of non-digital information:

1. Non-digital information stores will be reviewed to identify which records should be retained and which should be archived or deleted.
2. Data which is identified as eligible for archival will be appropriately packaged and labeled and moved to appropriate secure records storage areas.
3. Newly archived records packages will be marked with a “destroy after” date which should be established by the departmental supervisor and approved by the associated member of the LRE Executive Leadership Team.
4. Newly archived records packages will be stored in a secure locked location.
5. Previously archived records will be reviewed to see if they are past their “destroy after” date, and if so they will be disposed of.
 - a. All records which contain (or may potentially contain) **Protected Health Information**, or any other LRE confidential information, **must be securely destroyed and safely disposed of** to preserve confidentiality and protect the privacy of those we serve as required by HIPAA and HITECH.
6. Non-digital records which have been sent for secure destruction and disposal will be logged by LRE Administrative staff, with descriptions of the type of data, dates of approvals received, and dates when it was deleted.

III. DEFINITIONS

- A. **HIPAA:** Health Insurance Portability and Accountability Act 1996
- B. **HITECH:** Health Information Technology for Economic and Clinical Health Act 2009

IV. RELATED POLICIES AND PROCEDURES

- A. LRE Information Management Policy and Procedures, including 3.6 Retention of Records

V. CHANGE LOG

Date of Change	Description of Change	Responsible Party
02/09/24	NEW PROCEDURE	LRE CIO