

POLICY: Retention and Destruction of Personal Health Information

Program Area: Health Information Services

Section: Health Information

Reference Number: ORG.1410.PL.201

Approved by: Regional Lead – Corporate Services & Chief Financial Officer

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PURPOSE:

To establish consistent retention and destruction procedures for all Recorded Personal Health Information collected and Maintained within Southern Health-Santé Sud.

To meet the requirements of The Personal Health Information Act (PHIA) and other federal and provincial legislation as it relates to retention of Records, and

To ensure Personal Health Information is available to meet regional mandates for Use and Disclosure in the provision of health care, health care planning and evaluation, quality improvement, education of health care providers, health research, risk management and for access by individuals the information is about or their Personal Representatives.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

- For the purposes of this policy, Personal Health Information is that which is Recorded or printed on paper, including that which has been converted from paper to another form to facilitate storage and accessibility.
- Personal Health Information may be written, photographed, recorded or stored in any manner, on any storage medium including graphic, electronic or mechanical means.
- Personal Health Information that is collected and Maintained within programs, disciplines, services and facilities will be retained for the entire **minimum** Retention Periods stipulated in ORG.1410.PL.201.SD.01 Retention Schedule for Personal Health Information.
- Personal Health Information in electronic format **must** have an electronic or hard copy backup.

- Personal Health Information must be maintained in a manner that ensures the integrity and availability of the information in a readable and reproducible format for the duration of the retention period.
- The Regional Privacy & Access Officer shall ensure an Information Managers Agreement is in place when the Personal Health Information will be processed, stored, or destroyed by an external individual or body other than the Trustee that collected the information.
- Conversion of Personal Health Information from one storage medium to another during or following the minimum Retention Periods shall be permitted provided the conversion preserves the integrity of the information and meets the proof of original and admissibility of evidence requirements set forth in *The Evidence Act* of Manitoba.
- Records converted from paper to an electronic format do not need a record of media conversion.
- Personal health information that has been converted to another storage medium prior to the expiration of the minimum retention period (i.e. imaged paper records) may be destroyed immediately following conversion and completion of data integrity checks, provided that the converted Personal Health Information is retained for the balance of the retention period.
- Permanent destruction of Records shall occur according to policy ORG.1410.PL.203 Disposal of Confidential Material Including Personal Health Information.
- Information pursuant to potential or actual legal claims or other investigations, risk management issues, research studies, or information required for reference for ongoing health care (example, where there has been a birth injury), may be retained on a case by case basis for periods that exceed the Retention Schedule to satisfy a particular need and shall be permanently destroyed immediately thereafter.

DEFINITIONS:

See ORG.1411.PL.502.SD.01 PHIA Definitions

Transitory/Working Record: Documents of short-term use and significance containing Personal Health Information and not considered part of the Record post discharge i.e. Kardex, DPIN and eChart printouts.

Personal Health Information in this category may include raw data that is used to create primary documents. Transitory records should be destroyed at the end of each episode of care.

PROCEDURE:

1. The facility Health Information Services (HIS) Department and/or the program/discipline designate is responsible to:

- 1.1. Identify Records eligible for destruction according to ORG.1410.PL.201.SD.01 Retention Schedule for Personal Health Information.
 - 1.2. Identify Records requiring an extended Retention Period and along with supporting justification and recommended extension timelines to the attention of the Director of Health Services (DHS), Manager, Health Information Services or Regional Manager Health Information Services for consideration and approval/rejection of the requested extension.
 - 1.3. If the requested extension is approved, the Record will be marked with the appropriate destruction date.
2. Transitory/working records do not form part of the permanent health Record.
 3. Complete ORG.1410.PL.201.FORM.01 Record Destruction Log, or request that an Information Manager complete a similar log, that states
 - 3.1 The type of Record and health Record number range destroyed,
 - 3.2 The time period to which the destroyed information pertains,
 - 3.3 The method of destruction,
 - 3.4 The date(s) of destruction,
 - 3.5 Signature of person who authorized destruction,
 - 3.6 Specific additional details concerning Records destroyed need not be Maintained if the Records are destroyed according to the established ORG.1410.PL.201.SD.01 Retention Schedule for Personal Health Information.
 4. Notify the applicable persons of Records ready for destruction.
 5. Maintain the ORG.1410.PL.201.FORM.01 Record of Destruction Log permanently.

SUPPORTING DOCUMENTS:

[ORG.1410.PL.201.FORM.01](#) Record of Destruction Log

[ORG.1410.PL.201.SD.01](#) Retention Schedule for Personal Health Information

REFERENCES:

[ORG.1411.PL.502.SD.01](#) PHIA Definitions

The Personal Health Information Act

COACH Canada's Health Infomatics Association *The Personal Health Information Act Guidelines for the Protection of Personal Health Information*

The College of Physicians and Surgeons of Manitoba *Guideline The Physician Medical Record 117*

The College of Audiologists and Speech-Language Pathologists of Manitoba Practice Direction:
Record Keeping

WRHA Retention and Destruction of Facility Health Records Policy, #75.00.050

Interlake-Eastern RHA Retention & Destruction of Personal Health Information, GA-7-65

Prairie Mountain Health Retention and Destruction of Health Records, R.IM.HI.695

Northern Health Region Retention and Destruction of Health Records, AD-09-10

The Limitation of Actions Act of Manitoba