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Applicability:	Edward Elmhurst Health System (All Locations)

Record Retention, LGLRSK_016

Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment.

Purpose / Policy Statement:

It is the policy of EEH to apply effective and cost efficient techniques to manage and maintain complete, accurate and high quality Records, and avoid the cost and burden of storage and retention of documentation that does not serve any ongoing business purpose and is not otherwise required to be maintained by law or regulation.

This Policy serves as a guide to retaining all Records that EEH is legally required to maintain, as well as any other documents that should be maintained for a designated period of time due to their significance to ongoing business and operations. The purpose of this Policy further includes safeguarding EEH's Records to ensure they are not lost, damaged, discarded or destroyed prematurely or improperly, protecting the privacy and security of EEH's Records, and reducing Record storage costs.

The retention periods as described in this Policy ensure that Records are not retained beyond relevant statutes of limitations and meet statutory or regulatory record retention requirements.

It is the policy of EEH that all employees maintain complete and accurate Records in a systematic, secure and organized manner, that all Records are retained in accordance with all applicable laws, rules and regulations, that unauthorized use or disclosure is prohibited and measures to prevent and/or detect unauthorized use or disclosure are put in place, and that Records which EEH is not obligated to keep are consistently disposed of in a prompt and proper manner.

All Records generated or received by EEH are the property of EEH. No employee, by virtue of his or her position or responsibilities, has any personal or property right to such Records even though he or she may have generated or compiled them.

The unauthorized destruction, removal or use of EEH Records is prohibited and may expose an employee to discipline up to, and including, termination of employment at EEH. No employee may falsely or inappropriately alter information in any EEH Record or other document.

The failure to comply with this Policy can result in unfavorable orders and sanctions in litigation, as well as other proceedings, and could result in other sanctions against EEH and responsible personnel who failed to take proper steps to maintain and preserve records in accordance with the Policy and/or Legal Holds.

Information relating to unauthorized destruction, removal or use of EEH Records, including failures to maintain Records in accordance with this Policy, should be reported directly to the Director of Materials Management and the Legal Department and/or Compliance Department. The Chief Information Officer, Information Systems Services ("ISS") Director of Technology, and ISS Security Manager will also be notified of any unauthorized destruction, removal or use of electronic Records.

EEH shall designate appropriate individuals to be responsible for implementing and maintaining EEH's Records in accordance with this Policy. This shall include the Director of Materials Management, the Legal Department, the Compliance Department and the ISS Director of Technology

Definitions:

Certificate of Records Destruction: A certificate signed by the Department Records Manager and Materials Management and documents the disposal of EEH Records by records code or similar identifying reference, including the title and description of the document, vendor (if applicable), date of the document (and expiration or termination date in the case of contracts), quantity and method and date of disposal.

E-mail: E-mail messages and documents transmitted by E-mail are similar to paper documents. Depending on their content, they may be considered Records subject to this Policy. To determine whether an E-mail message is a Record that must be retained and for how long, it should be considered as a paper memorandum or document. If you would retain a paper document as a Record due to the E-mail content, then you are required to retain an E-mail message of the same content as a written record to be retained for the same length of time. E-mail messages constituting Records must be retained in accordance with this Policy.

Electronically Stored Information (ESI): Includes any information that is created, received, maintained or stored on local workstations, laptops, central servers, mobile devices, cell phones, or in other electronic media. Examples include, without limitation, E-mail, calendars, word processing documents and spreadsheets, databases, videos, video files, digital images, audio files, text messages, voicemails, activity logs, drawings, graphs, charts, and other data or data compilations in any medium from which ESI can be obtained. ESI includes metadata (i.e. data which describes or specifies characteristics about data such as how, when and by whom data was collected and formatted).

Legal Hold: From time to time, the Legal Department or Risk Management may issue a Legal Hold on certain specified documents and electronic information which must be preserved and retained pending further direction by EEH counsel or risk managers. When a Legal Hold is issued, the instructions in the Legal Hold will take precedence over this Policy or the procedures set forth herein. Records subject to a Legal Hold cannot be altered or disposed of without express prior consent of the Legal Department or Risk Management.

Medical Record: Medical Records consist of the scanned paper based record of patient care and treatment and the electronic system utilized to record patient care and treatment. Medical Records include, without limitation, patient histories, physicals, diagnostic and therapeutic records, consultation and operative reports, discharge and transfer summaries, diagnoses, prognoses, records of treatment and medication ordered and given, progress and therapy notes, orders, x-rays and any other records of care in any EEH healthcare setting used by healthcare professionals while providing patient care services, for reviewing patient data, or documenting observations, actions or instructions. After discharge of an inpatient or completion of a visit in the outpatient setting, all paper based Medical Records will be scanned into the electronic system utilized for storing records of treatment. The paper records will be disposed of in a safe and secure manner after scanning into the electronic system in accordance with EEH policies.

Non-Record: All information that does not meet the definition of a Record. Non-Records include duplicate

copies of Records, information unrelated to EEH, documents for business convenience that are not substantive in nature, documents that are of trivial or no business value to EEH, such as Transitory Messages used primarily for the informal communication of information, or documents created for personal convenience.

Off-Site Storage Facility: Materials Management, with the approval of the Legal Department, is responsible for designating off-site storage facilities where records may be retained. Records may also be disposed of by the off-site storage facility upon the approval of Materials Management. See Section VI.2.

Record: All information relating to EEH's operations and activities that EEH is required to retain by applicable law, rule or regulation, or that it is important to retain for business reasons, however created, recorded, produced or stored, and whether reduced to hard copy (for example film or paper) or that can be retrieved from electronic or other media (such as computer drives, disks, chips, PDA-type devices and accessories, thumb drives, etc). Records also include medical or patient records and E-mail communications or documents that can be transmitted electronically. If the information contained in an electronic communication would be considered a Record if it were in paper or hard copy format, the electronic communication should likewise be considered a Record subject to this Policy.

Record Retention Schedule: Records will be retained for the period of time specified by the record retention schedule, attached as **Exhibit A**. Any questions or requests for modifications to the record retention schedule should be directed to the Legal Department.

Records Manager: The manager designated in each department as having the responsibility for coordinating the retention, tracking, scanning and disposal of the department's records with Materials Management.

Transitory Messages: Transitory Messages are information used primarily for informal communication and are retained only for so long as administratively needed. Transitory Messages do not set policy, establish policies or procedures, establish guidelines, or certify a transaction. Transitory Messages include, without limitation, telephone messages, E-mail messages with short lived or no administrative value, voice mail messages, personal meeting notes that have been transferred or converted to a formal Record, self-sticking notes, preliminary working papers and superseded drafts.

Procedure:

I. Organization of Records and Non-Records

A. **General Requirements.** Records should be maintained in a manner that facilitates retrieval of the Records for purposes of compliance with the schedule set forth in **Exhibit A**. Records shall be kept in a safe and secure environment to ensure their original character and integrity. Unauthorized persons shall not have access to Records.

1. **Format.** Records are not required to be retained in more than one format. For example, if a record is retained in electronic format, a paper hard-copy of the record does not need to be retained.

B. **Personal Documents.** EEH recognizes that employees may occasionally need to attend to personal matters at work; however receiving, sending and creating personal documents should be kept to a minimum and such documents are not considered Records for purposes of this Policy.

C. **ESI Records.** ESI Records should be stored on EEH network servers or at contracted third party vendors (i.e. contract administration and storage software, data analysis software, etc.).

D. **Portable Devices.** If employees require a portable storage solution and the EEH Internet or Intranet portal are not an appropriate option, employees may use an EEH approved encrypted flash drive

upon which to store ESI Records. This device can be obtained by contacting the ISS Department Service Desk.

- E. **Liability for Records on Personal and Non-Approved Devices.** In order to protect the confidentiality and proprietary information of EEH, as well as the related interests of its employees and patients, EEH does not allow the storage of Records on personal and non-approved devices.

II. Managing the Transfer of Records.

- A. **Off-site storage of physical records.** Only Materials Management will be authorized to transfer departmental records to the off-site storage facility, as follows:

1. Record pick-ups shall be made on a routine basis with a frequency designated by Materials Management.
2. The Records Manager of each department will:
 - a. Ensure that records are boxed in accordance with the requirements of Materials Management and the off-site storage facility.
 - b. Complete the approved Record Transmittal Form, including a destruction date for the contents of the container.
 - c. Complete the approved Record Fax Order form, listing the department number, pickup location, and number and sizes of cartons to be picked up.
 - d. Fax a copy of the Fax Order form and one copy of the Record Transmittal Form to Materials Management. Additionally, one copy of the Record Transmittal Form shall be placed in the applicable record carton, one copy shall be given to the off-site facility representative when the carton is picked up, and one copy shall be kept for the department records.
 - e. Ensure that the cartons are in place and ready for pick-up.
3. Materials Management will:
 - a. Check Transmittal Forms and Fax Order Form for completeness and retain copies.
 - b. Transmit the Fax Order Form to the off-site facility for pick up on one of the scheduled pick up dates.

B. Retrieval of Records Retained Off-Site.

1. **Department Retrieval Request.** All requests for the routine retrieval of records from the off-site storage facility shall be directed by the Records Manager or designee to Materials Management. The Records Manager or designee will provide Materials Management with the request on an approved form to include the date, requester, department, and contents description.
2. **Materials Management Request.** Materials Management will be responsible for calling in the retrieval order by phone, fax or on-line.
3. **Off-site Retrieval.** The off-site storage facility will open a service order upon receipt of the request and verify the password for security authorization, and will be responsible for delivery to the designated location. Upon delivery to the designated location, the Records Manager or designee will sign the transportation manifest provided by the off-site storage facility, and send a copy of this manifest to Materials Management.
4. **Emergency Retrieval.** The off-site storage facility will have the capability of providing records

retrieval services during non-business hours on an emergency basis. A premium is charged for this service. Therefore, departments will not be allowed to utilize the emergency retrieval service unless the Department has been authorized to utilize this service by Materials Management.

5. **Return of Retrieved Records.** The off-site storage facility will continue to charge for the storage of retrieved records during the period of time that they remain on-site. The Records Manager, therefore, will be responsible for insuring that a request for the return of the retrieved records to the off-site storage facility is forwarded to Materials Management as soon as the records are no longer needed on-site. Materials Management will coordinate the pick-up of the records for transportation back to the off-site storage facility on a routine pick-up day

III. Record Retention

- A. **General Requirements.** Records (including physical records and ESI) will be retained in accordance with the Record Retention Schedule attached hereto as **Exhibit A**, with the exception of records that are to be placed on Legal Hold as addressed herein. Records shall not be destroyed before the retention period has expired, nor should they be retained longer than the prescribed period. If a Record falls into two or more categories, it shall be retained for the longest period applicable.
- B. **Legal Hold Records.** Department records (including ESI) that are the subject of, or pertinent to, a potential or actual claim or lawsuit or other proceeding may be placed on Legal Hold, by notification provided by the Legal Department or Risk Management to the Records Manager. In the event of a Legal Hold, applicable Records cannot be destroyed and all disposal procedures involving such Records under this Policy, if any, must immediately cease pending further direction from the Legal Department or Risk Management, including modification or expiration, of the Legal Hold.
 1. Legal Hold records shall be maintained in a secured area within the department responsible for maintaining such records, whereby access is limited to the Records Manager (or designee) and the Legal Department or Risk Management, or the records may be maintained in the Legal Department or Risk Management.
 2. No copies or other information pertaining to Legal Hold records shall be released to third parties unless prior authorization is received from the Legal Department or Risk Management.
 3. The records shall be maintained on Legal Hold until the Legal Department or Risk Management authorizes the removal of the Legal Hold directive. After removal of the Legal Hold, the Records shall continue to be maintained in accordance with the Record Retention Schedule, unless the record retention period set forth in the schedule has expired, in which case the Records shall be disposed of in accordance with Section IV of this Policy.
- C. **Non-Records.** For documents that are deemed to be Non-Records, discretion should be used in determining whether to retain such documents and materials. If retained, they should only be kept as long as needed, and should be routinely discarded when the business use has ended. Unless otherwise specified, the retention requirements of this Policy do not apply to Non-Records.
- D. **Data Backup.** EEH, like many organizations utilizing information technology, creates backups of E-mail and other ESI for the purpose of restoring electronic information and systems in the event of disaster. Any decision concerning retention periods for electronic backup media should be based on consideration of reasonably anticipated business needs for data recovery in the event of a system failure, as well as on legal considerations such as to the extent which the organization has otherwise archived the subject ESI. However, system backups are not well suited as a record retention mechanism because of the difficulty and expense associated with restoring them to a readable format. Accordingly, EEH Policy is to achieve other effective archival of ESI Records. Data on

system backups, servers or systems may contain copies of Records maintained in the ordinary course of business on EEH's servers and systems. The copies of Records on system backups, servers or systems are kept for disaster recovery purposes only and are not to be considered archival records. Information contained on the system backups servers or systems are not considered Records to be retained or disposed of as set forth in this Policy. E-mail archived to or stored in an individual workstation should not be considered part of the EEH backup system; but rather, part of the individual employee's filing system. Such individually maintained material is subject to the retention requirements set forth in this Policy, and must be safeguarded in accordance with the Policy as well as any applicable Legal Hold.

- E. **On-site storage of physical records.** The Records Manager of each department will maintain departmental hard copy records kept on-site in containers or file cabinets that are clearly labeled as to contents in a format approved by Materials Management. The Records Manager will maintain an updated list of all records maintained on-site, and will ensure that copies of this list and all updates are provided to the Manager of Materials Management.
- F. **Retention of Electronically Stored Information ("ESI")**
1. **Internal ESI.** ESI kept in electronic files shall be stored on the EEH network storage drive or other locations as directed by the ISS Department.
 - a. **Retention of ESI on EEH Network Storage Drive.** The folders maintained on the EEH network storage drive, and the files contained within them, should be utilized by EEH employees and staff to save Non-Records, such as duplicate copies of Records, and not original Records which are subject to the Record Retention Schedule requirements set forth in **Exhibit A**.
 - b. **Network Storage Drive ESI Procedure.** The folders maintained on the EEH network storage drive, and the files contained within them, shall be managed by the ISS Department. After the effective date of this Policy, such files shall be destroyed upon the completion of each of seven (7) calendar year period in accordance with this Policy, unless otherwise designated by the Records Manager and the ISS Department. If files on the network storage drive are designated otherwise, all Records therein will be managed by the Records Manager or designee, retained as required under this Policy, and disposed of in accordance with **Exhibit A**.
 2. **External ESI Records.** Any ESI Records not stored on the network server but stored on vendors external networks must be managed by the owner of the related contract and shall not be supported by the EEH ISS Department. The contract for any ESI Records stored in a software tool held on an external network must address data retention requirements and provide for data destruction at the termination of the contract. The contract owner is responsible for migrating in consultation with the ISS Department any ESI Records from the external network once the contract ends to properly satisfy the Record Retention periods set forth in **Exhibit A**.
 3. **Databases.** To ensure compliance with this Policy and maintain adequate security over restricted files, the ISS Department will be responsible for security controls over databases utilized by EEH supported applications.
 4. **E-mail Storage.** EEH currently has two E-mail environments, one at Edward Hospital and one at Elmhurst Memorial Hospital. To facilitate integration and to promote uniform, manageable E-mail retention practices, this Policy describes the post-integration E-mail management and retention practices that will be implemented in connection with the integration process.

- a. **Criteria for E-mail Retention.** Each E-mail user must take responsibility for sorting out personal messages from work-related messages subject to maintenance as set forth in this Policy. Transitory Messages such as those set out as examples below are not required to be maintained and may be deleted:
1. Incoming list serve messages;
 2. Personal E-mails unrelated to business;
 3. Spam or unsolicited advertisements or sales promotions;
 4. Non-policy announcements;
 5. Published reference materials;
 6. Invitations and responses to meetings;
 7. Replies to routine questions; and
 8. Attachments to E-mail that are identical to records that are stored and managed outside of the E-mail system pursuant to this Policy.
- b. **Procedure for E-mail Retention.** Each employee is responsible for managing all the E-mails they send and receive. Generally speaking, E-mail should not be saved unless there is a legitimate business reason for doing so. Employees are encouraged to delete E-mail of transitory value daily.
- All E-mails will be stored for seven (7) years, after which they will be automatically destroyed, unless destruction is suspended due to a Legal Hold. Any E-mails that are required to be retained in excess of the maximum retention period must be archived saved onto EEH's network or other location as directed by the ISS Department. The content of the E-mail determines the applicable Record Retention Schedule. Archived E-mails should include all attachment(s) and will be retained according to the schedules set forth on **Exhibit A.**

IV. Record Disposal and Destruction

- A. **Record Destruction.** Records which are no longer subject to retention requirements under this Policy will be disposed of in a timely, proper and documented manner. Record destruction will be conducted by appropriate EEH Records and Materials Management personnel utilizing the Environmental Protection Agency's preferred method of shredding and recycling. In no event will destruction be conducted in any manner that would preclude the maintenance of confidentiality of Record contents.
1. **On-Site.** The Records Manager will be responsible for insuring that on-site records are destroyed in accordance with the Record Retention Schedule. Record destruction shall be documented via a Certificate of Records Destruction. The Certificate of Records Destruction form is to be maintained by the Records Manager responsible for the destroyed record, with a copy sent to Materials Management.
 2. **Off-Site.** Materials Management will be the only department authorized to request the destruction of off-site records. On a periodic basis and no less than annually, Materials Management will obtain a report from the off-site facility indicating the transmittal number of each carton eligible for destruction based on the destruction date. Materials Management will verify and sign off on the cartons to be destroyed, and notify the Record Manager of the respective department. Unless contacted by the Record Manager requesting that records not be destroyed, Materials Management will complete a record destruction form and proceed with

authorizing the destruction of the documents. The off-site facility will send Materials Management a Certificate of Records Destruction of all cartons destroyed. Materials Management will send a copy of the certificate to the Records Manager of the respective department, who will file the certificate in a file devoted to that purpose. All users to the off-site facility software should be annually reviewed by Materials Management and when necessary corrected. The Manager of Materials Management will receive the Human Resource Department's daily personnel termination distribution report. From this daily report, the Manager of Materials Management should remove any terminated users from the off-site facility software system.

EXHIBITS:

EXHIBIT A RECORD RETENTION SCHEDULE

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Accounts Payable (ledgers and schedules)	Accounting/ Finance/Payroll	7 years	26 CFR 301.6501(e-1)
Accounts Receivables (ledgers and schedules)	Accounting/ Finance	7 years	26 CFR 301.6501(e-1)
Accountant Audit Reports	Accounting/ Finance	3 years	805 ILCS 410/2; UPPBRA
Bank Reconciliations	Accounting/ Finance	7 years	26 CFR 301.6501 (e-1)
Bills of Exchange	Accounting/ Finance	10 years	735 ILCS 5/ 13-206
Bonds and Related Records	Accounting/ Finance	Life of Bond	735 ILCS 5/ 13-206
Budget (final copy and worksheets)	Accounting/ Finance	3 years	805 ILCS 410/2; UPPBRA
Cash Books	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Cash Receipts and Ledger	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Cash Reconciliations (daily)	Accounting/ Finance	3 years	805 ILCS 410/2; UPPBRA
Charge Receipts	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Chart of Accounts	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Check Requests	Accounting/ Finance/Payroll	3 years	805 ILCS 410/2; UPPBRA
Checks (cancelled)	Accounting/	7 years	26 CFR 301.

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
	Finance/Payroll		6501(e-1)
Credit Balances	Accounting/ Finance	5 years after property is "reportable"	765 ILCS 1025/ 11(h)(2); M
Credit Card Expense Reports	Accounting/ Finance	3 years	805 ILCS 410/2; UPPBRA
Depreciation Schedules	Accounting/ Finance	Permanent	26 CFR 1.6167(a)(7); M
Duplicate Deposit Slips	Accounting/ Finance/Payroll	7 years	26 CFR 301. 6501(e-1)
Endowments, Trusts, Bequests	Accounting/ Administrative/ Finance	In Perpetuity	
Expense Analysis and Distribution Schedules	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Financial Statements	Accounting/ Finance/Payroll	7 years	26 CFR 301. 6501(e-1)
Garnishment Documents	Payroll	2 years	29 CFR 516.6(c); M
General and Subsidiary Ledgers (including interfaces)	Accounting/ Finance/Payroll	7 years	26 CFR 301. 6501(e-1)
Internal Flex Reports	Accounting /Finance/ Payroll	3 years *Operation and statistical reports retained permanently	805 ILCS 410/2; UPPBRA
Inventories (supplies, equipment)	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Invoices (A/P Vendors)	Accounting /Finance	7 years	26 CFR 301. 6501(e-1)
Journal Entries	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Notes, Receivables, Ledgers and Schedules	Accounting/ Finance	7 years	26 CFR 301. 6501(e-1)
Payroll Records and Summaries (including notices, time cards, timesheets, schedules, wage rate tables, base employment and earning records)	Payroll	3 years	29 CFR 516.5; M
Petty Cash Vouchers	Accounting/ Finance/Payroll	3 years	805 ILCS 410/2; UPPBRA
Promissory Notes	Accounting/	10 years	735 ILCS 5/

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
	Finance		13-206
Real Property Records (including appraisals, costs, annual trial balances)	Accounting/ Finance	7 years *Bond financed property retained for life of bond	26 CFR 301.6501(e-1)
Scrap and Salvage Records (fixed asset sale/disposal)	Accounting/ Finance	7 years	26 CFR 301.6501(e-1)
Tax Returns and Worksheets (accounts or records, including 1099 forms, W2's, W4's, inventories)	Accounting/ Finance/Payroll	Permanent	26 CFR 1.6001-1(a) and (c); M
Unclaimed Property Records (funds)	Accounting/ Finance	5 years after property is "reportable"	765 ILCS 1025/11(h)(2); M
Voucher Register and Schedule	Accounting/ Finance	7 years	26 CFR 301.6501(e-1)
ADMINISTRATIVE RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Attorney General Community Benefit Report (Annual)	Planning/ Strategy & Business Development	3 years	210 ILCS 76; UPPBRA
Audit and Compliance Committee Minutes and Documentation	Compliance/ Internal Audit Services	Permanent	
Bylaws (expired)	Administration/ Legal	3 years	805 ILCS 410/2; UPPBRA
Corporate Books and Documents (including annual reports and bylaws)	Administration/ Legal	Permanent	
EPA Clean Air Reports (all records) (Illinois)	Administration	5 years	415 ILCS 5/39.5; M
Hospital Licenses and Permits	Administration/ Legal	Permanent	
IDPH Inspection Reports, Complaints, and Orders (includes annual bed surveys, hospital questionnaires, and incident reports)	Administration/ Emergency Preparedness and Accreditation	Current year + 5 years	210 ILCS 85/ 6.14(d); 77 IAC 1130.240; M
Insurance Policies and Records	Claims/ Departmental	Permanent	735 ILCS 5/ 13-206
Lobbyist Expenditure Reports	Marketing, Community & Government Relations	2 years	25 ILCS 170/6

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Minutes of Board Meetings	Administration/ Legal	Permanent	Joint Commission Recommendation
Policies and Procedures (all system and hospital)	Administrative/ Departmental	Minimum of 3 years after expiration	805 ILCS 410/2; UPPBRA
CLINICAL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Birth Certificate (hospital bound copy in chronological order)	Clinical Records	10 years	210 ILCS 85/ 6.17(c); 77 IAC 250.1890(h)(3); M
Birth Worksheet (from which birth certificate is prepared)	Clinical Records	Permanent	410 ILCS 535/ 12(2); M
Clinical Quality Improvement (CQI)/Total Quality Management (TQM) Training	Quality Management/ Utilization Review	3 years	
Corporate Health Records (both employee and non-employee)	Employee and Corporate Health	See Medical Record Retention Requirements	
EEG/EMG Tracings	Neurology	5 years	42 CFR 482.26(d);M
Echocardiogram Tracings (2D Echo Tapes)	Cardiology	10 years	42 CFR 482.26(d); M
Electrocardiogram Tracings	Cardiology	10 years	42 CFR 482.26(d); M
Emergency Department Log/On Call List	Emergency Department	5 years	EMTALA, 42 USC 1395cc; 42 CFR 489.20(r)(3); 42 CFR 489.25(b)
Emergency Services Charged to Department of Healthcare and Family Services (includes all records costs incurred)	Medical Records	3 years	89 IAC 140.31(b); M
Films, Slides, Scans, Tapes, Pictures, Video	Clinical Records	5 years	42 CFR 482.26(d); M
Infection Data (including central line, CAUTI)	Clinical Excellence	10 years	
Inpatient Treatment and Outpatient Transfer Records (M-186)	Respiratory Therapy	10 years	210 ILCS 85/ 6.17(c)

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Mammogram	Clinical Records/ Medical Records	See Medical Record Retention Requirements	42 USC 263b(G)(i); 21 CFR 900.12(c)(4); 210 ILCS 85/6.17(c); M
Mental Health Services (waiver of notice to physician)	Clinical/ Medical Records	5 years	215 ILCS 5/ 370(c); M
Operating Room Logs and Schedules	Clinical Records/ Surgical & Endoscopic Services	3 years	805 ILCS 410/2; UPPBRA
Restraint/Seclusion Records (notices to mental health patients)	Medical Records	3 years	405 ILCS 5/ 2-201(b); M
Transmissible Spongiform Encephalopathies (TSEs) Records (regarding quarantine, disposal, decontamination, and sterilization of surgical instruments used for patients with a confirmed or suspected TSE)	Central Sterile Processing	20 years	77 IAC 250.1090(h); M
CLINICAL RESEARCH/ INSTITUTIONAL REVIEW BOARD RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
IRB Administrative Records	IRB	3 years after completion of research	21 CFR 56
IRB Meeting Minutes	IRB	3 years	21 CFR 56.115; M
IRB Patient Authorization Consent Forms	IRB	6 years from the date of creation or the date it was last in effect, whichever is later.	45 C.F.R. 164.508(c)(1)
IROC Meeting Minutes	Clinical Research	3 years	
Investigational New Drug Records	Clinical Research	2 years after application approval. If not approved, 2 years after the investigation stops.	21 CFR 312.62; M
Non-Clinical Lab Studies (from date of permit, application approval, or completion of study)	Clinical Research	2 years	21 CFR 58.195(b); M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Non-Clinical Lab Studies (from date of submission of results to FDA)	Clinical Research	5 years	21 CFR 58.195(b); M
Research Findings Reviewed by Institutional Review Boards	IRB	3 years	21 CFR 56.115(7)(b); M
CONSTRUCTION/FACILITIES RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Building Blueprints	Construction/ Facilities	Until disposition of property	
Physical Inventory Tags (capital assets)	Construction/ Facilities	3 year	805 ILCS 410/2; UPPBRA
Receiving Sheets	Construction/ Facilities	3 years	805 ILCS 410/2; UPPBRA
Requisitions	Construction/ Facilities	3 years	805 ILCS 410/2; UPPBRA
DIETARY RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Patient Dietary Notes	Food Service/ Hospitality	See Medical Record Requirements	210 ILCS 85/ 6.17(c); M
Menus	Food Service/ Hospitality	30 days	77 IAC 250.1630(a); M
Purchases (food)	Food Service/ Hospitality	30 days	77 IAC 250.1630(e); M
ENVIRONMENTAL HEALTH & SAFETY RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Accident Reports (fire and other hazards)	Employee & Corporate Health	6 years	77 IAC 250.1980(l); M
Employee Exposure to Toxic Materials Record	Environmental Health & Safety	Duration of employment + 30 years	29 CFR 1910.1020; M
Employee Medical Record	Employee & Corporate Health	Duration of employment + 30 years	29 CFR 1910.1020; M
Environment of Care Records	Environmental Health & Safety	3 years	805 ILCS 410/2; UPPBRA
Fire Investigative Reports	Environmental Health & Safety/Public Safety	6 years	77 IAC 250.1980(m); M
Hazardous Waste Manifest and	Environmental	Minimum of 3 years,	OSHA, 29 CFR

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Records	Health & Safety/ Housekeeping	department discretion thereafter	1904.44/1904.33; 415 ILCS 5/ 56.4(b); M
Inspections (fire safety systems, grounds and building)	Environmental Health & Safety	3 years	77 IAC 250.1980(k); 805 ILCS 410/2; UPPBRA M
Material Safety Data Sheet	Environmental Health & Safety	10 years after substance is no longer used, produced, or stored in workplace	820 ILCS 255/9; M
Occupational Exposure to Blood or Potentially Infectious Materials	Employee & Corporate Health	Duration of employment + 30 years	29 CFR 1910.1030(h); M
Occupational Noise Exposure Measurement Records	Environmental Health & Safety/ Employee & Corporate Health	2 years *Retain audiometric test records for duration of employment	29 CFR 1910.95(m); M
OSHA Injury or Illness (Form 300 log, privacy case list, annual summary, 301 incident log)	Environmental Health & Safety/ Employee & Corporate Health	5 years following end of the year to which the report relates	29 CFR 1904.33; M
Physician Exam for Employment (includes new employee onboarding documentation)	Employee & Corporate Health	1 year	29 CFR 1627.3; M
HIPAA RECORD REQUIREMENTS (PRIVACY STANDARDS)	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Accounting of Disclosures Action, Activity or Designation Required to be Documented Authorization/Revocation to Disclose PHI (signed) Business Associate Satisfactory Assurances Communications Required to be in	Compliance/ Privacy	6 years from date of creation or date when last effective; whichever is later	45 CFR 164.105; 45 CFR 164.502; 45 CFR 164.504; 45 CFR 164.508; 45 CFR 164.514; 45 CFR 164.515; 45 CFR 164.520; 45 CFR 164.524; 45 CFR 164.526; 45 CFR 164.528; 45 CFR 164.530

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
<p>Writing</p> <p>Complaints (received and disposition, if any)</p> <p>Conflict of Interest Documentation</p> <p>Denial of Access to PHI</p> <p>Denial of Request to Amend (statement of disagreement, if any; rebuttal, if any)</p> <p>Designated Record Sets (subject to access by individuals)</p> <p>Designation of Affiliated Covered Entity</p> <p>Designations of Health Care Components (affiliated covered entities)</p> <p>Identity Verification</p> <p>Notice of Determination by Reviewing Official (regarding access to PHI)</p> <p>Notice of Privacy Practices Issued (including, if applicable, written acknowledgement of receipt of notice, or documentation of good faith efforts to obtain written acknowledgement)</p> <p>Notice to Individual (disclosure of work related PHI to employer)</p> <p>Personnel Designations (privacy official; contact for complaints)</p> <p>Policies and Procedures (privacy related)</p> <p>Title of Person or Office Responsible for Receiving and Processing</p>			

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ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Requests for Access to PHI			
Training of Workforce			
HIPAA RECORD REQUIREMENTS (SECURITY STANDARDS)	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Movement of Hardware, Electronic Media and Person Responsible	Compliance/IT Security	6 years from date of creation or date when last effective; whichever is later	45 CFR 164.308; 45 CFR 164.310; 45 CFR 164.316
Policies and Procedures Implemented to Comply with Security Standards			
Satisfactory Assurances with Business Associates			
Security Incidents and Outcomes			
Security-Related Repairs, Modifications			
HUMAN RESOURCES RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Ads for Job Openings/ Postings	Human Resources	1 year	29 CFR 1627.3; M
Applications/Resumes (employees and non-employees)	Human Resources	1 year	29 CFR 1627.3; M
Attendance Documents	Human Resources	2 years	29 CFR 516.6; M
Basic Employment and Earnings Records (wage rate tables)	Human Resources	2 years	29 CFR 516.6; M
Benefits Information (plan information, pension, vouchers, worksheets, receipts, resolutions)	Human Resources	6 years after filing date *Retain pension back-up records permanently	ERISA 29 USC 1027
Beneficiary Information	Human Resources	As long as records may be relevant to a determination of benefit entitlements	29 USC 1113
Blood Borne Pathogens Training (OSHA)	Human Resources/ Infection Control	3 years from completion of training	29 CFR 1910.1030; M
Criminal Records Requests (Employees)	Human Resources	5 years *Retain disclosure authorization forms &	77 IAC 955.220; M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
		results for duration of employment.	
Disability Payment Records	Human Resources	2 years after last payment	820 ILCS 305/6; M
Employee Records (including certifications/licenses, promotion, demotion, transfer, selection for training, layoff, recall, discharge, and evaluations)	Human Resources	Current: permanent Former: 3 years from date of termination	29 CFR 1627.3; M
Employment Taxes	Human Resources/ Finance	4 years after due date or date tax paid, whichever is later	26 CFR 31.6001-1(e)(2); M
Family Medical Leave Act Records	Human Resources	3 years after end of leave	29 CFR 825.500; M
I-9 Reports	Human Resources	Active Employees: Duration of employment Terminated Employees: 3 years from date of hire OR 1 year after termination date, whichever is later	8 CFR 274a.2(b)(2)(i)(A); M
Influenza Program Records	Human Resources/ Employee & Corporate Health	3 years	77 IAC 956.30; M
Job Descriptions, Classifications, and Specifications	Human Resources	3 years after termination or discontinuation of job position	
Schedule Requests	Departmental	Minimum of 1 year, department determined thereafter	29 CFR 1602.14; M
Title VII and ADA Personnel Records	Human Resources/ Claims	1 year from action involved	29 CFR 1602.14; M
Unemployment Compensation Documents	Human Resources	5 years from submission of claim or review by Department of Employment Security	820 ILCS 405/1801; M
Wage Rate Tables	Human Resources	2 years	29 CFR 516.6; M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Workers' Compensation Documents: • Related to Radiological Materials/Equipment or Asbestos Exposure	Human Resources/ Employee & and Corporate Health	25 years from date of termination of employment	820 ILCS 305/6
• No Compensation Paid		3 years	
• Compensation Paid		Later of 3 years or 2 years from last payment	
LABORATORY RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Blood Collection, Storage and Distribution: Individual Blood Products (includes ABO/RH grouping, donor histories, exams, consent, reactions, test results)	Laboratory	10 years after records are completed or 6 months after latest expiration date, whichever is later. If there is no expiration date, maintain indefinitely. (*indefinitely deferred donors or donors placed under surveillance for the recipient's protection should be retained indefinitely.)	21 CFR 606.160(d); 42 CFR 493.1105; M
Blood Gas Log	Respiratory Therapy	5 years	Accreditation Requirement
Cytology Slides (negative/unsatisfactory)	Laboratory	5 years from date of examination	42 CFR 493.1105; M
Cytology Slides (atypical/positive)	Laboratory	10 years from date of examination	42 CFR 493.1105; M
Drug Testing at Request of Law Enforcement: Blood or Urine Sample	Laboratory	6 months unless otherwise directed by the submitted agency or prosecuting authority	20 IAC 1286.320(g); 20 IAC 1286.330(h); 20 IAC 1286.90(b); M
Drug Testing at Request of Law Enforcement: Copy of Analysis	Laboratory	2 years	20 IAC 1286.90(b); M
Laboratory Documents (quality assurance and control)	Laboratory	2 years	42 CFR 493.1105; M
Laboratory Procedures	Laboratory	2 years after procedure discontinued	42 CFR 493.1105; M
Pathology Slides	Laboratory	12 years from date of examination	42 CFR 493.1105; M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Pathology Test Reports	Laboratory	10 years after the date of reporting	42 CFR 493.1105; 210 ILCS 85/6.17(c); M
Pathology Tissue Blocks	Laboratory	2 years from date of examination	42 CFR 493.1105; M
Patient Test Records (including manual requisitions)	Laboratory	2 years	42 CFR 493.1105; M
Patient Test Reports (preliminary & final includes extra-departmental consultations)	Laboratory/ Medical Records	See Medical Record Retention Requirements	42 CFR 493.1105; M
Specimen Tissue Records	Laboratory	5 years (*Retain tissue until diagnosis made)	42 CFR 493.1105; 77 IAC 450.1010; M
Transfusion Records (excluding proficiency testing and procedures)	Laboratory	10 years after records completed or 6 months after latest expiration date, whichever is later. (*antibody identification, reactions, markers retained indefinitely)	21 CFR 606.160(b); M
LEGAL/RISK MANAGEMENT RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Copyright and Trademark Registrations	Legal	5 years after expiration	17 USC 507
Contracts	Legal	10 years after expiration or termination	735 ILCS 5/13-206
Court Orders Reviewing IDPH Orders	Legal	5 years	210 ILCS85/6.14(d); M
Deeds, Mortgages, Bills of Sale	Legal	Until disposition of property, or longer as determined by Legal	
Patient Complaints (received and disposition)	Patient Experience	6 years from date of occurrence	
Patient Safety Events (including root cause analysis)	Risk Management	6 years from date of occurrence	77 Ill. Admin. Code 250.990; 77 Ill. Admin. Code 250.1980; M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Real Property Records (including surveys, reports, inspections, blueprints)	Legal	Until disposition of property, or longer as determined by Legal	
MEDICAL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Emergency Department Transfer	Emergency Department/ Medical Records	5 years	EMTALA 42 USC 1395cc; 42 CFR 489.20(r); M
Immunization and Vaccine Records	Medical Records	Permanent	42 USC 300aa-25; M
Master Patient Index	Medical Records	Permanent	77 IAC 250.1510(d); M
Patient Medical Records (Electronic)	Medical Records	Minimum of 10 years after last patient encounter *Retention & format of records beyond 10 years depends upon technical capabilities of the EMR software.	210 ILCS 85/6.17(c); M
Patient Medical Records (Paper)	Medical Records	10 years after last patient encounter	210 ILCS 85/6.17(c); M
Patient Medical Records (Electronic and/or Paper) of Sexual Assault Survivors Under the Age of 18	Medical Records	60 years after the patient reaches age 18 or date of last patient encounter, whichever is greater	410 ILCS 70/5
Patient Medical Records (Electronic and/or Paper) of Sexual Assault Survivors Over the Age of 18	Medical Records	20 years after the last patient encounter	410 ILCS 70/5
MEDICAL STAFF RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Medical Staff Bylaws Rules and Regulations	Medical Staff	Permanent	
Medical Staff Member Applications and Credentials	Medical Staff	10 years from date physician no longer member of medical staff	
MEDICARE RECORD REQUIREMENTS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Clinical Records of Clinics and Rehabilitation Agencies as Providers of Outpatient Physical Therapy and Speech Language Pathology	Medical Staff	10 years	42 CFR 485.721; M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Services (except for hospital patient medical records)			
End Stage Renal Disease Records (except for hospital patient medical records)	Medical Records	5 years	42 CFR 405.2139(e); M
NURSING ADMINISTRATION RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Crash Cart Checklists	Nursing	8 years	735 ILCS 5/13-212
Staffing (methods to determine and adjust)	Nursing	5 years from date of expiration	210 ILCS 86/15(b)(d); 77 IAC 255.150(f); M
Staffing Assignment Roster	Nursing	5 years from date of expiration	210 ILCS 86/15(b)(d); 77 IAC 255.150(f); M
Staffing Schedules	Nursing	5 years from date of expiration	210 ILCS 86/15(b)(d); 77 IAC 255.150(f); M
Standards of Care (practice)	Nursing	10 years	735 ILCS 5/13-323; M
Student Schedules	Nursing	5 years	735 ILCS 5/13-212.
PATIENT ACCOUNTS RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Paper remittance or document related to payment of a patient account (i.e.: invoices, cash receipts, explanation of benefits (EOB) correspondence)	Patient Accounts	10 years	26 CFR 301.6501(e-1).
Financial Assistance Documentation	Patient Accounts	10 years	26 CFR 301.6501(e-1).
PHARMACY RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Log or Printout Verifying Prescription Refills for Schedule III and IV Controlled Substances	Pharmacy	5 years	225 ILCS 85/18; 21 CFR 1306.22(f)(3); M
Medication Administration Documents	Pharmacy	10 years	210 ILCS 85/6.17(c); M
Narcotics Orders (inventory) and Dispensing Records	Pharmacy	2 years	21 CFR 1304.04; M
Pharmaceutical Acquisition Order Forms and Invoices	Pharmacy	2 years	21 CFR 1305.17(c); M
Pharmaceuticals Administered	Pharmacy	3 years (must be	21 CFR 1304.04;

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
(narcotic drugs)		maintained separately from all other records)	M
Prescription Refill Records (pharmacy must preserve original of every written or oral/transcript RX filled, compounded or dispensed)	Pharmacy	5 years	225 ILCS 85/18; 68 IAC 1330.500(c)(7); M
PUBLIC SAFETY	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Safety Incident Reports	Public Safety	3 years	805 ILCS 410/2; UPPBRA
PURCHASING/SUPPLY MANAGEMENT RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Biomedical Equipment Maintenance & History Records & operating instructions, service schematics, & Manufacturer Disclosure Statement for Medical Device Security Forms (MDS2)	Biomed/Supply Management	Life of equipment + 6 years	
Defective Goods Correspondence	Purchasing	3 years	805 ILCS 410/2; UPPBRA
Equipment Documents (operating instructions, preventative maintenance, service schematics)	All Departments (except Biomed)	Life of equipment	
General Inventory Documents	Supply Management	6 years after return filed	26 CFR 301.6501(e)-1
High Radiation Area Alarm Systems	Supply Management	3 years	10 CFR 34.75; M
Medical Device Tracking Records	Supply Management	Useful life of device	21 CFR 821.60; M
Packing Slips (capital expenditures)	Purchasing	3 years	805 ILCS 410/2; UPPBRA
PCB Transformers (inspections and maintenance history)	Supply Management	3 years after disposal	40 CFR 761.30; M
Purchase Orders (routine and capital)	Purchasing	3 years	805 ILCS 410/2; UPPBRA
Recall Notices	Purchasing	3 years	805 ILCS 410/2; UPPBRA
Receiving Documents and Notices	Purchasing	3 years	805 ILCS 410/2; UPPBRA
Return Goods Documents	Purchasing	3 years	805 ILCS 410/2;

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
			UPPBRA
Vendor Communications and Quotes	Purchasing	3 years	805 ILCS 410/2; UPPBRA
RADIOLOGY/NUCLEAR MEDICINE RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Alarm System and Entrance Control Records	Radiology	3 years	10 CFR 34.75; M
Calibration of Radiation Survey Instruments Records	Radiology	5 years	10 CFR 34.65; M
Film Badges	Radiology	Permanent	
Inventory of Sealed Source (quarterly)	Radiology	5 years after disposal	10 CFR 34.69; M
Leak Test Results for Sealed Sources	Radiology	5 years	10 CFR 34.67; M
Mammography Films	Radiology	10 years	420 ILCS 40/28; M
Nuclear Medicine Reports (including log book, isotope log, diagnostics)	Radiology	Minimum of 5 years	42 CFR 482.53(d)(1); M
Radiation Installation (reports of class D radiation installations)	Radiology	1 st inspection cycle	32 IAC 320/70(c); M
Radiation Protection Program (records of actions taken, including monitoring for contamination in prep and administration area)	Radiology	5 years	10 CFR 35.2024; M
Radiation Safety Officer (agreement and duties)	Radiology	Duration of license	10 CFR 35.2024; M
Radioactive Byproduct Material (receiver disposes of radioactive material)	Radiology	Duration of facility license authorizing disposal of the material	10 CFR 30.51; M
Radioactive Byproduct Material (receiver transfers radioactive material)	Radiology	5 years following transfer	10 CFR 30.51;M
Radiopharmaceuticals (including patient dosage calibration, radioisotopes)	Radiology	5 years	42 CFR 482.53; M
Records of Exposure of Monitored Personnel	Radiology	Permanent	77 IAC 250.630; M
Reports of Portable X-Ray Services (except for hospital patient medical records)	Radiology	2 years	42 CFR 486.106; M

ACCOUNTING/FINANCIAL/ PAYROLL RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Training and Certification (including annual ALARA radiation safety)	Radiology	5 years	10 CFR 34.79; M
Teletherapy	Radiology	5 years	32 IAC 335.8100; M
X-Ray Photographs or Films (not as part of medical record)	Radiology	Adults - 5 years Peds – 23 years or 5 years after their 18 th birthday whichever comes first	210 ILCS 90/1; M
SOCIAL SERVICES RECORDS	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Counseling Records (inpatient and outpatient)	Social Services	See Medical Record Retention Requirements	210 ILCS 85/6.17(c); M
Discharge Plan and Teaching	Social Services	See Medical Record Retention Requirements	210 ILCS 85/6.17(c); M
Referral Records	Social Services	See Medical Record Retention Requirements	210 ILCS 85/6.17(c); M
BIOMETRIC INFORMATION	DEPARTMENT	RETENTION PERIOD	AUTHORITY
Fingerprints for background check	Human Resources	120 days	740 ILCS 14/15(a)
Fingerprints for access to information systems or equipment	Information Technology	Deleted upon employee termination	740 ILCS 14/15(a)

KEY

M: Mandatory requirement. The law requires the record to be retained for a specified period of time.

UPPBRA: Illinois Uniform Preservation of Private Business Records Act safe harbor.

QUICK REFERENCE

HIPAA RECORDS: HIPAA requires a six (6) year retention period for documents created in accordance with HIPAA requirements, such as the accounting of disclosures, medical record amendments, policies and procedures regarding protected health information, written communications, and other documented actions, activities, or designations.

CORPORATE RECORDS: Most corporate records such as Board meeting minutes, bylaws, and articles of incorporation should be retained indefinitely or department determined.

LEGAL RECORDS: Any records that are directly or indirectly involved in litigation should be maintained until the matter is fully resolved. Record retention requirements can arise from sources other than statutes and regulations. For example, contracts, policies, and procedures of third parties with which EEH does business may impose additional or extended retention requirements.

MEDICARE & MEDICAID RECORDS: Must be maintained for a minimum of six (6) years after completion and final payment under the contract, adequate books, records, and supporting documents to verify the amounts,

recipients, and uses of all disbursements of funds passing in conjunction with the contract. If an audit, litigation or other action involving the records is started before the end of the six (6) year period, the records must be retained until all issues arising out of the action are resolved.

BUSINESS & ACCOUNTING RECORDS: Generally, business and accounting records should be retained for at least seven (7) years pursuant IRS requirements. Some records may require indefinite retention.

DURATION: Regulatory documents, such as licenses and permits, must be retained for the duration of its validity.

BLOOD TRANSFUSION RECORDS: CLIA regulations require blood transfusion records to be retained for ten (10) years. Records should be retained indefinitely when no expiration date on blood or a blood component exists.

*Please contact the Legal Department with any specific questions related to record retention.

CROSS REFERENCE(S)

Current Policy Replaces:

Edward - GENL_022 Record Retention
Elmhurst - A.12 Retention Policy

All revision dates:

6/3/2020, 5/31/2019, 8/7/2018, 4/5/2017

Attachments

No Attachments

Approval Signatures

Approver	Date
Margaret Cross: Clinical Education Mgr	6/3/2020
Janeen McGirk: Sys Dir, Health Info Mgmt Svcs	4/14/2020

Applicability

Ambulatory, Edward Elmhurst Health System, Edward Hospital, Elmhurst Hospital, Linden Oaks Hospital, Plainfield Lab