**Record Retention: Sample Policy and Procedure**[[1]](#footnote-1)

**Policy.**

The records of *[Name of Health Center]* (“*Health Center*”) are subject to requirements including, but not limited to federal, state, and local statutes, regulations, licensing and accreditation standards, and related policies, including requirements applicable to Health Center’s grant under Section 330 of the Public Health Service Act. This policy and procedure is intended to increase administrative efficiency and cost savings by ensuring required records are properly created and maintained, by facilitating the destruction of unnecessary records and documents, and by ensuring that necessary documents are not inadvertently destroyed (such as when an audit, investigation or litigation in which the records are material is imminent or underway). Improper destruction of documents that are still required by law to be maintained can result in the imposition of disciplinary action.

**Procedure.**[[2]](#footnote-2)

**1. Record retention.** All records shall be retained and securely maintained or archived for the duration of the appropriate retention period, as set forth in the retention period summary attached to this policy and procedure.

**2. Annual records review.** *Health Center* senior management shall ensure that records systems are reviewed no less frequently than annually, and that records that no longer are required to be maintained by the retention period summary attached to this policy and procedure are properly archived or destroyed. Destruction of any records shall be authorized only in accordance with applicable statutes, regulations, standards, and policies, and overseen by appropriate senior management.

**3. Audits and verification of record policy compliance.** *Health Center* supervisors shall conduct regular audits and monitoring to ensure that *Health Center* records are retained, securely maintained, archived or destroyed appropriately. Such audits and monitoring may include analysis of compliance with all requirements related to confidentiality of various types of information (e.g., confidential information, protected health information, personnel information).

**4. Preventing improper records destruction.** The *Health Center* CEO (or his or her designee) will ensure the timely and adequate notification of all Individuals Affiliated with the *Health Center* (i.e., Board members, employees, contractors, vendors, agents, and volunteers) when records appropriately scheduled for destruction are to be retained, such as in the event of an audit, investigation or litigation involving the records.

**Definitions.**

**Records:** Records include, but are not limited to originals and copies of:

* Paper documents.
* Films, microfilms, photographs, x-rays.
* Electronic documents, e-mails, scanned images, structured data, etc., regardless of storage location:
	+ Network drives.
	+ Electronic database programs.
	+ Desktop and laptop hard drives.
	+ Mobile devices (telephones, personal digital assistants, Blackberries, etc.).
	+ External media:
	+ Hard Drives.
	+ CDs and DVDs.
	+ USB drives.
	+ iPhones and similar devices.

**This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and *Health Center* management, federal and state laws and regulations, and applicable accrediting and review organizations.**

**Responsible parties:**

### Signature Date

### Executive Director

Signature Date

**Retention Period Summary**

| **Category** | **Type of Record** | **Minimum Retention Period\*** | **Authority** |
| --- | --- | --- | --- |
| **Corporate documents** |
|  | * Articles of incorporation (and amendments)
* By-laws (and amendments)
* Board minutes
 | Indefinitely | Good business practice |
|  | * Mission statement
* List of Board members
* Organizational chart
 | Until subsequent version amendedMaintain past organization chart(s) if reorganization in previous 3 years | Good business practice |
|  | * Application for tax-exempt status
* Supporting documentation
* IRS exemption letter
 | Indefinitely | Good business practice |
|  | * Corporate tax records/documents (including 990s)
 | 6 years from filing, per good business practice3 years from filing, per IRS | Good business practiceIRS: 26 U.S.C. §§ 6033; 6501 |
| **Federal grant related records** |
|  | * FQHC Look-Alikes: application for designation, HRSA designation recommendation, CMS designation decision and all related correspondence, including change in scope requests and DHHS approvals
 | Indefinitely | Good business practice |
|  | * Applications for grants
* Notices of Grant Awards
* Responses to conditions
* Other correspondence
* Any amendments
* Bank statements and financial reports
* Annual audits
* Purchases of supplies
 | 3 years from submission of the relatedfinancial report | Federal grant regulations:45 C.F.R. § 75.361 |
|  | * Records of real property (including Notices of Federal Interest) and equipment purchased with federal funds
 | 3 years from disposition | Federal grant regulations:45 C.F.R. § 75.361(c) |
|  | * Contracts/purchase/procurement Agreements
 | 3 years from the date of submission of the relevant quarterly, annual, or final expenditure report  | Federal grant regulations:45 C.F.R. § 75.361 |
| **Health care-related records** |
|  | * Medicare/Medicaid claims for reimbursement, cost reports
 | 10 years | False Claims Act 31 U.S.C. § 3729, *et seq*. |
|  | * HIPAA-related records (policies and procedures, notices, etc.)
 | 6 years | HIPAA regulations:45 C.F.R. §§ 164.316; 164.530(j)(2) |
|  | * Patient medical records
 | 6 years and sometimes longer for minors  | Medicare conditions for certification: 42 C.F.R. § 491.10(c) |
| **Operational records** |
|  | * MOUs / Affiliation Agreements
 | Same 3-year period as for all procurement actions, and/or at least as long as contract is in effect | Good business practice |
|  | * Insurance policies
 | As long as they are in effect, or for as long as any claims are still possible from the coverage period | Good business practice |
|  | * Records related to litigation and claims (even if only anticipated)
 | Until settlement or final action (but advisable to consult with counsel before destroying any records related to a malpractice case) | 45 C.F.R. § 75.361(a); 18 U.S.C. § 1519; 28 U.S.C. § 2674; 28 U.S.C. § 2401 |

1. The Authors of these materials include attorneys at the law firm of Feldesman Tucker Leifer Fidell LLP. The sample documents offer general guidance based on federal law and regulations and do not necessarily apply to all health centers under all facts and circumstances. Further, these materials do not replace, and are not a substitute for, legal advice from qualified legal counsel. [↑](#footnote-ref-1)
2. Authors’ note: Using the following sample as a guide, health centers should tailor the procedure to reflect their own structures and operations. [↑](#footnote-ref-2)