Medical Record Maintenance and Storage

I. Purpose

To protect the confidentiality of all medical information of the patients of University Health Center.

II. Physical Storage
All medical information and protected identifying information is stored in a restricted location. Paper documentation is stored in a locked employee only access location. Any written form of protected information that is not necessary to store is disposed of with the use of an outside document destruction company. The contracted disposal company’s policies for the destruction of these items are congruent with the System rules and regulations. Electronic use and storage of medical and other protected information abide by the rules and regulations set by the University and other regulating agencies. Software and computer station access is password protected and user specific. (21.01.06.C2 Security of Electronic Information Resources)

II. Retention of Records
All paper files will be kept as stated above in a secure location for 7 years after the date of the last visit. At the end of that time records will be destroyed in accordance with document security regulations. (See destruction of records section)

III. Electronic Transfer of Information
All information transferred electronically through computer interface, email communication or fax follows guidelines provided by FERPA, HIPPA and the State of Texas. As deemed by HIPPA each patient is given notification at first visit and yearly thereafter of the privacy practices and patient rights and responsibilities. All electronic medical record vendors abide by HIPPA and the State of Texas regulations. Annually, vendors and the University review and sign service maintenance agreements.

IV. Patient Consent for Release of Information
Each request for release of any Medical Information or other protected identifying information must have a completed Release of Information form by the patient. This release will include the date, patients name, releasing agency, receiving
agency and specific records and information to be released. The release must include an expiration date. If the patient chooses to revoke consent before the expiration date they may do so in writing.

Director’s Approval  __________________________ Date: __________
Reviewed  __________________________ Date: __________