

University Records Retention Practices and HIPAA Compliance

Created for University of Pittsburgh

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1. University Records Retention Practices & HIPAA Compliance

- The HIPAA Privacy Rule does not address records retention requirements. However, it does require covered entities to use “appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.” Such safeguards must be employed for as long as such records are maintained by the entity, including through disposal.¹
- While there is no model federal records retention schedule, individual states do have specific records retention requirements, and any retention program must ensure compliance with minimum state standards. Such standards are generally based on statutes of limitation for negligence claims.² In general, any retention schedule should ensure compliance with other laws related to higher education (e.g., FERPA), hospital accreditation requirements, and any other relevant federal and state laws (e.g., False Claims Act (31 U.S.C. 3729)).³
- Pennsylvania law requires physicians and hospitals to retain patient medical records for seven years from the last date of service or discharge. Records of minors must be kept for one year past the age of majority by physicians, and seven years past the age of majority by hospitals.⁴
- University HIPAA-related records retention schedules can potentially encompass Protected Health Information (PHI) records related to employees, students, and members of the community, depending on whether the university facilities include a student health center, medical research center, and/or community hospital.⁵
- In a brief survey of institutions similar to the University of Pittsburgh, retention dates ranged from six years to 25 years and beyond, depending on the type of record. Pennsylvania-based schools included Drexel University (seven years) and the University of Pennsylvania (eight years).⁶
- In our survey, university custodians for HIPAA-related records included information technology and human resources departments, compliance offices (including designated HIPAA privacy and security officers), university records centers, and the office of origin.
- Public availability of records retention schedules online varied, with some institutions limiting or prohibiting access to such information, and others providing extensively-detailed schedules.

¹ “HIPAA for Professionals,” U.S. Department of Health and Human Services website, at <https://www.hhs.gov/hipaa>; See also, [45 CFR 160.164](#)

² “Privacy and Security Information Solutions for Interoperable Health Information Exchange: Report on State Medical Access Laws,” HealthIT.gov (August 2009), at <https://www.healthit.gov/sites/default/files/290-05-0015-state-law-access-report-1.pdf>

³ See, e.g., “Compliance Matrix,” Higher Education Compliance Alliance website, at <http://www.higheredcompliance.org/matrix/> (last updated March 2017); “Retention and Destruction of Health Information (2013 update)” American Health Information Management Association (AHIMA) website, at <http://library.ahima.org/doc?oid=107114#.WOUOZ03rvIU>

⁴ [49 Pa. Code § 16.95\(e\) \(2008\)](#) and [28 Pa. Code § 115.23 \(2008\)](#)

⁵ See, e.g., Yale University, List of Covered Departments, at <http://hipaa.yale.edu/sites/default/files/files/List%20of%20Covered%20Departments.pdf>

⁶ See attached spreadsheet.

2. Resources

[UCLA-HIPAA Guidelines](#). Presents guidelines specific to human research activities. Areas addressed:

- HIPAA Research Guidelines and Information
- HIPAA Terminology
- Definitions
- What Kinds of Activities Are Considered Research?
- Research that is Covered by HIPAA
- CITI HIPAA Online Training
- Investigator Responsibilities
- List of 18 PHI identifiers
- RHI and PHI
- Use and Disclosure of PHI for Research
- Getting Authorization to Use PHI
- Decedent PHI
- Waivers of Authorization
- Limited Data Set with a Data Use Agreement
- Need to Know and Minimum Necessary Access
- Information Security
- Record Keeping [records retention- 6 years]
- Recruiting Methods
- Internet Resources

[Tufts Records Management Guidelines](#). Offers best practices for managing university records, including HIPAA Records Storage.

[Indiana University – HIPAA Best Practices](#). Provides administrative, physical, and technical safeguards for handling PHI (protected health information).

3. Retention Schedules – Selected Universities

University	Document Type	Repository	Minimum Retention Period for HIPAA	Comments	Policy Manual	Records Retention Schedules
University of Colorado – Boulder	Information Security Records	IT Service Providers	6 years Exceptions to be documented as part of risk acceptance decisions to be approved by the CIO	Revised 2/1/2017	University of Colorado Boulder – Records Retention Schedule	Records Retention and Management
Boston University	HIPAA Records (Employees)	Human Resources	7 years after employee's termination	1/27/2010	Boston University – University Record Retention Policy	
University of Toledo	Medical Record Retention and Destruction; Disposal of Protected Health Information	Privacy Officer Director, Health Information Management; Vice President for Human Resources; Vice President for Information Technology	10 years – all clinical and administrative University of Toledo medical record information prior to document imaging (in the form of paper) will be kept for ten years after discharge or service date for inpatient and outpatient encounters 25 years - pediatric claims will be retained for 25 years The following will be kept indefinitely: 1. Master patient index 2. Death Register 3. Surgery Register 4. Transplant Register	Major Revision of an existing policy	Medical Record Retention & Destruction Disposal of Protected Health Information	

University	Document Type	Repository	Minimum Retention Period for HIPAA	Comments	Policy Manual	Records Retention Schedules
University of California	Ethics, Compliance and Audit Services	<p>Senior Vice President/Chief Compliance and Audit Officer</p> <p>The University of California must designate UC HIPAA Privacy and Security Officials (may be one individual) who will also serve as the HIPAA-required contact person(s) and contact office(s) for system wide issues</p> <p>The UC HIPAA Privacy and Security Official currently reports directly to the Senior Vice President/Chief Compliance and Audit Officer within the Office of the President</p>	<p>6 years – HIPAA requires the SHCC (Single Health Care Component) and SHPC (Single Health Plan Component) to document and retain the following for six years:</p> <ul style="list-style-type: none"> • Business Associate Agreements • Authorizations • Waiver of Authorizations for Research • Notice(s) of Privacy Practices • Patients' Requests for Restrictions • Access or copying of the Designated Record Set (DRS) • Amendment • Accounting of Disclosures • Personnel Designations • Training • Complaints/Investigations • Sanctions • HIPAA Policies and Procedures • Any other communication, action, activity or designation that, under the Privacy Rule, must be maintained in writing or otherwise documented 	All UC HIPAA workforce members are covered	HIPAA Policy Manual	

University	Document Type	Repository	Minimum Retention Period for HIPAA	Comments	Policy Manual	Records Retention Schedules
Syracuse University	Client Files – Medical/Clinical	Not indicated	Files for individuals receiving services, including but not limited to counseling, therapy, rape and substance abuse, employee assistance, and clinical services <ul style="list-style-type: none"> • Adults – 10 years after discharge • Minors – 10 years after child attains age 18 	<i>False Claims Act (31 USC 3729)</i> University Retention Schedule currently being revised	Syracuse University Records Policy	Syracuse University Records Retention Schedule
University of Rochester	University Health Service Medical Records	Assistant Supervisor, Record Room	University Health Service <ul style="list-style-type: none"> • Medical Notes (single) – indefinitely • Student Medical Records – 24 years • Employee Medical Records – Duration of employment + 30 years • Medical Records of Minors – at least six years from date of last treatment or until minor is 19, whichever is longer • Records for employee-rendered care for work-related illness and injuries – minimum of 10 years after incident (40 years for asbestos exposure) • UCC Records – 10 years 		Policy on Retention of University Records	Repositories & Retention Periods for University Records & Archival Records

University	Document Type	Repository	Minimum Retention Period for HIPAA	Comments	Policy Manual	Records Retention Schedules
SUNY – State University of New York System	Health Information	Not indicated	<ul style="list-style-type: none"> Health Center Student Records – 7 years (not applicable to records maintained at University Medical Centers) Patient Medical Records – 21 years but not less than 1 year after any minor patient reaches the age of 21 (includes all components of all records at all types of facilities, including hospitals, rehabilitation center, long term care, and home health agencies) 		SUNY Records Retention and Disposition Policy	SUNY Schedules – Health Information
Drexel University	Compliance, Privacy & Internal Audit; Employment	Privacy & Security Committee; Clinical Department; Originating Department; Compliance & Privacy Office; College of Medical Information Technology (Security Officer); Human Resources	7 years from whenever last record was in effect		Records Management Policy – Office of General Counsel	Record Retention Schedules
University of Pennsylvania	Health System Treatment Records	Office of origin or University Records Center	8 years – records required to be kept by HIPAA		Guidelines for the Implementation of the Records Retention Schedule	Health System Treatment Records Retention Schedule