I. Purpose:

To provide guidance to Vanderbilt University Medical Center (VUMC) Workforce Members regarding the retention of records and documents that VUMC has a business or legal need to protect, the length of their retention, and how and when to destroy records and documents that are obsolete or no longer needed for the proper functioning of VUMC.

II. Policy:

VUMC applies effective and cost-efficient management techniques to maintain complete and accurate Records, including Clinical Records. Both Records and Non-Records shall be maintained and retained in accordance with all applicable laws and regulations and with the VUMC Retention Schedule associated with this policy. All Records containing Protected Health Information (PHI) must also be maintained and retained in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

The retention periods set forth in the referenced Retention Schedule are the minimum retention periods required. Non-Records are retained only for as long as needed for a business purpose. At the conclusion of the retention period, Records and Non-Records shall be properly disposed of in accordance with this and other applicable VUMC policies. Requests to deviate from or modify the retention periods must be made to and approved by the Office of Legal Affairs.

No one person or department can be directly responsible for all VUMC Records. Therefore, every department managing VUMC Records is responsible for:

- Implementing records management practices consistent with this policy;
• Educating staff in the applicable management practices for Documents;
• Preserving Records, as required under this policy and the associated Retention Schedule;
• Properly disposing of Records at the end of the applicable retention period;
• Protecting Records against misuse, misplacement, damage, destruction, or theft; and
• Monitoring compliance with this policy.

All Documents generated, sent or received by VUMC are the property of VUMC. No VUMC Workforce Member has any personal or property right to Records or Non-Records, even though he or she may have created, developed or compiled them. All Documents are maintained only at VUMC facilities, offices, or other designated storage facilities with which VUMC has an approved storage contract.

III. Definitions:

A. Clinical Records: Documents that relate directly to the care and treatment of a patient. All Clinical Records are Records for the purpose of this policy. Clinical Records generally contain PHI.

B. Document: includes any form or medium upon which information is recorded or used to convey information. A document may be in electronic or hard copy form.

C. Non-Record: Any document that does not need to be maintained in accordance with any legal, statutory, regulatory or contractual requirement, and is not subject to a hold notice), or an exact copy of a Record;

D. Record: Any type of original Document created or received in the course of VUMC business, including, but not limited to, paper, e-mail, any type of electronic file or data, still photographs, motion pictures, drawings, plans/blueprints, audio/video recordings, etc., that is:

1. identified on the VUMC Record Retention Schedule;

2. required to be maintained in accordance with legal, statutory, and/or regulatory requirement(s);

3. required to be maintained by a particular contract or agreement; or
4. subject to a hold notice sent to you by VUMC’s legal counsel or an authorized VUMC employee.

See the IM SOP-Defined Terms Used in Information Management Policies for the following definitions used in this policy:

E. Private Data;
F. Protected Health Information (PHI);
G. Restricted Data;
H. VUMC Confidential Information;
I. VUMC Workforce Member.

IV. Specific Information:

A. Record Retention Schedule and Format
   1. The VUMC Record Retention Schedule is maintained in an on-line system, VUMC Records Retention Schedule hosted and maintained by the Iron Mountain Policy Solution Center, and is accessible at the link provided here behind the VUMC Single Sign-On.
   2. Records relevant to more than one category of retention shall be retained for the longest retention period specified.
   3. Documents (either Records or Non-Records) considered relevant to any pending or reasonably anticipated future legal process (including litigation, subpoena response, or other formal document request), investigative audit or governmental investigation, but are otherwise scheduled for deletion or destruction, are preserved until the Office of Risk and Insurance Management or the Office of Legal Affairs is consulted and specifically confirms approval to proceed with the destruction.
   4. Unless otherwise specifically addressed by this Policy or prohibited by any applicable law or regulation, paper/hard copy Records may be maintained in their original form or may be converted to electronic form and the hard copy/paper version destroyed. Regardless of format, Records must be stored securely.

B. Electronic Documents and Communications
   1. Electronic Documents, including electronic messages (email, text messaging, or instant messaging), are no different from paper documents
and may be Records or Non-Records. Therefore, they are subject to the same retention periods as Records and Non-Records in paper form.

2. A document’s retention period depends on the subject matter of the electronic Document, rather than the form. For example, if you would retain a memo, due to its content, as a Record, then you are required to retain an e-mail message that contains the same content for the same period as the memo.

C. Document Storage

1. All VUMC employees shall take appropriate precautions when storing Documents to protect them from hazards, disasters, and accidental or unauthorized use, disclosure, and destruction.

2. To the extent that a Document contains PHI or any other Private or Restricted Data or VUMC Confidential Information, all such Documents shall be stored in a locked facility or area accessible only to VUMC employees.

3. A non-VUMC company’s facility may be utilized for the storage of Documents after an appropriate contract, including a Business Associate Agreement, when necessary, with such company has been approved and executed by an authorized VUMC signatory.

4. The retention periods set forth in this policy and the VUMC Record Retention Schedule apply to all VUMC Documents, including those stored off-site.

5. Departments are discouraged from sending Non-Records to long-term storage. The long-term storage of Non-Records should be rare.

D. Document Destruction

1. Records that have satisfied their legal, fiscal, administrative, and contractual requirements, and that have satisfied their retention periods specified in the VUMC Record Retention Schedule, may be destroyed in accordance with this Policy.

2. Non-Records may be destroyed in accordance with this Policy once they have satisfied their business need.

3. Documents containing VUMC Confidential Information, or other Private or Restricted Data, must be destroyed in a secure manner that ensures their confidentiality and renders the information no longer recognizable as a VUMC document. Reference the IM Policy: Disposal of Confidential Information.
V. **Endorsement:**

   Information Compliance Committee  
   August 2021

   Compliance and Corporate Integrity Committee  
   September 2021

VI. **Approval:**

   C. Wright Pinson, MBA, MD  
   September 2021

   Deputy CEO and Chief Health System Officer

   Vanderbilt University Medical Center

VII. **References:**


   Information Management Category:

   Definition of the Legal Medical Record and Designated Record Set  
   Health Record Data Categories (HRDC) Table  
   Disposal of Confidential Information

   VUMC Records Retention Schedule

   Finance Policy - Financial Document Retention