

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Policy: HPP 4.12 Using and Disclosing PHI	Effective Date: May 18, 2016
Guidelines for Disposal and Destruction of Protected Health Information	Last Revision Date: May 17, 2022
References: http://www.hhs.gov/ocr/hipaa , State of Texas Form SLR 105	

Policy Statement

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to secure the confidentiality of protected health information (PHI) released through appropriate destruction and disposal. This policy defines the minimum guidelines and procedures that individuals must follow when disposing of patient information.

Scope

This policy applies to all PHI maintained by TTUHSC El Paso.

Policy

Before disposing or discarding any PHI, the custodian of medical records and the Institutional Privacy Officer should be consulted.

All destructions/disposal of PHI will be done in accordance with applicable federal and state law and the TTUHSC El Paso retention policy, or other applicable TTUHSC El Paso policies.

1. Approved methods of destruction/disposal for all records containing PHI:
 - a) Locked shred bins for future destruction by designated personnel or shredding company
 - b) Shred boxes, i.e., secure containers located at individual work areas, not accessible to the public for future destruction by designated personnel or shredding company.
 - c) Individual shredders within the department
 - d) Degauss any electronic media

TTUHSC El Paso has contracted with a vendor to provide shredding services. Departments are responsible for procuring these services and requesting appropriate size and lockable bins from the contracted vendor. For information regarding the current vendor approved to provide shredding services please contact the Purchasing Department.

2. Non-approved methods of disposal:
 - a) Trash cans
 - b) Cardboard boxes
 - c) Unlocked shred boxes accessible to the public
 - d) Container that could be mistaken for general waste

In the event original records containing PHI are destroyed or disposed of, the following will be recorded and retained permanently:

- Date of destruction/disposal will be documented in the storage Track Box Management Database
- Method of destruction/disposal;
- All charts destroyed will be logged in the database
- Total number of boxes destroyed will be documented

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Records involved in any open investigation, public records request, audit or litigation must not be destroyed/disposed.

Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under Texas Tech University System.

Frequency of Review

This policy will be reviewed on each even-numbered year (ENY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or the Institutional Compliance Officer.

Review Date: May 9, 2022

Revision Date: November 8, 2017, November 17, 2020, May 17, 2022