

Polk County Government
PHYSICAL SAFEGUARDS
Device and Media Controls
Disposal Policy and Procedures
45 CFR §164.310 (d)(2)(i)

Policy 602.T

Effective Date: November 15, 2004 Revised Date:

I. Policy

- A. Polk County Government will implement policies and procedures to address final disposition of electronic protected health information (EPHI) and/or the hardware or electronic media on which it is stored.
- B. The Information Technology Department will be responsible for implementation of policies and procedures to address the final disposition of EPHI and/or the hardware or electronic media on which it is stored.
- C. Polk County Government will carry out destruction of health care information in accordance with state and federal law.
- D. Records in any open investigation; audit or litigation will not be destroyed.
- E. Retention of EPHI records shall be in accordance with Polk County Records Retention Policy.

II. Procedures

- A. The Information Technology Department will be responsible for implementing procedures for the final disposition of EPHI and/or the hardware or electronic media on which it is stored.
- B. Disposal of records containing personal information must include one of the following
 - 1. Shredding the document before disposal of the record.
 - 2. Erasing the personal information contained in the record before the disposal of the record.
 - 3. Modification of the record to make information unreadable before disposal of the record.
 - 4. Taking action that will reasonably ensure that no unauthorized person will have access to personal information contained in the record for the period between the record's disposal and the record's destruction.

- C. At the point that a decision directing information destruction is made, data will be permanently destroyed, not merely file deletion.
- D. If an external company is hired to destroy EPHI the following is required:
 - 1. Prior to transfer of information for destruction, shred, erase or modify personal information to the extent possible.
 - 2. Have a Business Associate contract that meets the requirements of the Privacy and Security Rules.
 - 3. Have the Business Associate submit proof of destruction and an assurance that all state and federal rules were met in the destruction process.
- E. The Privacy Officer will maintain all documentation relating to disposal and retain the documentation for at least six years from the date of creation.
 - 1. Documentation will include a permanent index of all destroyed records including date and method of destruction, patient name, date of birth, last date of service (or inclusive dates of service).
 - 2. Documentation will include an attestation of destruction (may be signature of individual witnessing destruction).

Note:

Methods for disposal of EPHI:

- Shredding.
- Burning.
- Physical damage to the media: cutting, smashing, drilling holes.
- Overwriting: common method of eradicating data from magnetic media.
- Reformatting may not be sufficient to render data totally inaccessible.