I. PURPOSE

To establish a policy, to ensure Rowan School of Osteopathic Medicine (RowanSOM) compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 and Omnibus Privacy Final Rule of 2013 in the destruction and disposal of documentation containing Protected Health Information (PHI).

II. ACCOUNTABILITY

Under the direction of the President, the Deans, the Senior Vice President for Administration, the Executive Vice President for Academic and Clinical Affairs, General Counsel, Chief Compliance and Privacy Officer, Vice President for Research shall ensure compliance with this policy.

III. APPLICABILITY

This policy shall apply to health information that is generated during provisions of health care to patients in any of the RowanSOM patient care units, patient care centers or faculty practices as well as Human Subjects research under the auspices of RowanSOM or by any of its agents in all RowanSOM Schools, Units, Departments and RowanSOM owned or operated facilities.

IV. DEFINITIONS

**Protected Health Information (PHI):** Protected health information means individually identifiable health information that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual. The PHI of an individual patient, who has been deceased for more than 50 years, is no longer protected [164.502(f)].

1. Except as provided in paragraph two (2) of this definition that is: a) transmitted by electronic media; b) maintained in electronic media; or c) transmitted or maintained in any other form or medium

V. REFERENCES


B. 45 CFR, 164.514(e), Code of Federal Regulations, Title 45, Part 164, Subpart E, Security and Privacy, Privacy of Individually Identifiable Health Information.


D. Records Management

E. Uses and Disclosures of Health Information
   With and Without an Authorization

VI. POLICY

RowanSOM Departments and RowanSOM owned or operated facilities shall appropriately protect the privacy of health information that can identify an individual in compliance with federal and state law. RowanSOM will act responsibly in the maintenance, retention and eventual destruction and disposal of all material containing PHI, which includes PHI on fax and copier machine hard drives.

The destruction and disposal of PHI will be carried out in accordance with HIPAA regulations and RowanSOM policy. All PHI will be destroyed in a manner in which it cannot be recovered or reconstructed. Medical records will be maintained and destroyed in accordance with the RowanSOM policy, Records Management.

VII. PROCEDURE

A. The destruction/disposal of all PHI will be accomplished by shredding, incineration or other comparable fashion that ensures that the PHI cannot be recovered or reconstructed. Material that has been destroyed must be stored in a secure container or receptacle, which is not in a publicly accessible location, until, such time that the material is collected by Housekeeping Services or outside agency responsible for trash collection.

B. Until such time as destruction/disposal of PHI is permissible, all PHI will be secured against unauthorized or inappropriate access.

C. If utilizing an outside agency for destruction/disposal of PHI, a contract and a business associate agreement must be executed between RowanSOM and the outside agency. The contract must provide that upon termination of same, the agency will return or destroy/dispose of all PHI, including proof of destruction/disposal and the methodology by which the material was destroyed.

By Direction of the President:

Signature on file

Chief Compliance & Privacy Officer