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**Owner:** David Behinfar: HCS Exec  
 Dir Privacy  
**Policy Area:** HIPAA - Privacy  
**Policy Tag Groups:**  
**Applicability:** UNCHCS - All except Pardee

## Disposal / Destruction of PHI

### APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health" in this policy):

✓ UNC Health Care System / UNC Medical Center*	✓ Johnston Health
✓ UNC Physicians Network	✓ Lenoir Memorial Hospital
✓ UNC Physicians Network Group Practices / UNC Physicians Group Practices II	Margaret R. Pardee Memorial Hospital
✓ Rex Healthcare / Rex Hospital	✓ Nash Healthcare System/Nash Hospitals
✓ Chatham Hospital	✓ Wayne Memorial Hospital
✓ Caldwell Memorial Hospital	
✓ UNC Rockingham Health Care / UNC Rockingham Hospital	

**\*UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine of UNC-Chapel Hill (including UNC Faculty Physicians).**

## I. Description

UNC Health and UNC Health Facilities have a duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. Protected health information (PHI) may only be disposed of by means that assure that the PHI will not be released to an unauthorized person or entity. Each UNC Health Facility must ensure that appropriate means of disposal are reasonably available and operational for all areas where there is PHI stored or maintained.

This policy shall define the approved method of disposal of PHI in any medium.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNC Health or any other healthcare entity.

## II. Policy

### A. Summary of Disposal Policy

1. PHI in paper form **must not be discarded** in trash bins, unsecured recycle bags, or other publicly-accessible locations.
2. Printed material and electronic data containing PHI shall be disposed of in a manner that ensures confidentiality. Destroyed PHI must be unreadable and indecipherable to unauthorized individuals.
3. An individual who discards documents or devices is responsible for ensuring that the document or device has been properly secured in preparation for destruction. Supervisors should be proactive in ensuring that their employees are adhering to this policy.

### B. Destruction of Convenience Copies and Original Documents (Day-to-Day Destruction)

UNC Health Departments shall provide all personnel with access to shredders or secure shred bins for proper disposal of documents containing PHI. Secure shred bins have been placed throughout each UNC Health Facility to ensure proper disposal of all paper information. For questions or problems, or to schedule the delivery of a secure shred bin, please contact your UNC Health Facility's environmental services department.

### C. PHI in Electronic Format

1. Secure methods shall be used to dispose of PHI in electronic format. Each UNC Health Facility's information services department is responsible for the destruction of electronic devices and medium containing PHI.
2. Refer to section "Electronic Storage and Media Controls" in the UNC Health [Information Security Policy](#), and UNC Health [Electronic Data Destruction Standard](#) for specific procedures for disposal and re-use of personal computers, hard drives and removable media.

### D. Secure methods will be used to dispose of hardcopy data and output

1. PHI printed material shall be shredded and recycled by a firm specializing in the disposal of confidential records or shall be shredded by an employee of the UNC Health Facility authorized to handle and personally shred the PHI.
2. Microfilm or microfiche must be cut into pieces or chemically destroyed.
3. After documents have reached their retention period, it is recommended that all documents be provisioned for destruction. All PHI must be securely destroyed in accordance with the applicable UNC Health Facility record retention/destruction process governing destruction of records.
4. If hardcopy PHI (e.g., paper, microfilm, microfiche, etc.) cannot be shredded, it must be securely destroyed by other means such as incineration.

### E. Documentation of Destruction.

1. If a commercial firm is contracted to destroy original copies of PHI the company must be an insured and bonded destruction service.
2. If Facility personnel undertake the destruction of the records, Facility personnel should use a UNC Health approved form (such as the [Facility Records Destruction Form](#)) or a Facility records destruction form provided by the facility's Health Information Management ("HIM") or medical records department/office if the record is found on the record retention schedule for the department destroying the record.

3. If a bonded shredding company undertakes the destruction, the bonded shredding company must provide the UNC Health Facility with a written declaration of destruction that contains the following information: (1) date of destruction; (2) method of destruction; (3) description of the disposed records; (4) inclusive dates covered; (5) a statement that the records have been destroyed in the normal course of business; and (6) the signatures of the individuals supervising and witnessing the destruction.
4. It is recommended that each UNC Health Facility maintain destruction documentation. Upon request, the bonded shredding company should be able to provide each UNC Health Facility a certificate of destruction each time its records are destroyed.

### III. Definitions

**Electronic Health Record** – means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

### IV. References

45 C.F.R. 164.530(c); 45 C.F.R. §164.310(d) (1), (2)

OCR FAQ on Disposal of PHI, available at: <http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/disposalfaq.pdf>

### V. Related Policies/Form

UNC Health Policy, [Information Security Policy](#)

UNC Health Standard, [Electronic Data Destruction Standard](#)

UNC Health Policy, [Workstation Security](#)

UNC Health Policy, [Retention of Designated Record Set, Legal Health Record, and Financial Records Facility Records Destruction Form](#)

#### Attachments

No Attachments

#### Approval Signatures

Step Description	Approver	Date
	Jerylyn Williams: Chief Audit & Compliance Ofcr	06/2020
SYSTEM Site Administrator	Emilie Hendee: HCS Attorney Sr	06/2020
	David Behinfar: HCS Exec Dir Privacy	06/2020

## Applicability

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Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash UNC Health Care, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital

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