
**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 8.7
Policy Title: Destruction/Disposal of Protected Health Information
Effective Date: April 14, 2003
Last Revision Date: August 21, 2014
Page 1 of 6

I. Policy

UW-Madison strives to ensure the privacy and security of all patient/clients' protected health information in the maintenance, retention, and eventual destruction/disposal of such information. Destruction/disposal of this information in whatever format shall be carried out as described in this document, but always in a manner that leaves no possibility for reconstruction of information.

This policy and procedure describes *how* records shall be disposed of/destroyed. *When* records may be disposed of/destroyed is outlined in applicable records' retention schedules of the UW Health Care Component.

II. Definitions

- A. Protected Health Information ("PHI"): Health information, or healthcare payment information, including demographic information, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.

- B. UW-Madison Health Care Component ("UW HCC"): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See Privacy Policy # 1.1 "Designation of UW-Madison Health Care Component" for a listing of these units.

III. Procedures

- A. All destruction/disposal of PHI will be done in accordance with applicable federal and state law and any applicable records' retention schedule of the UW HCC unit. Records that have satisfied the period of retention may be destroyed/disposed of by an appropriate method as described in III.G. below.

- B. Records involved in any open investigation, public records request, audit or litigation must not be destroyed/disposed of. If the UW HCC unit receives notification that any of the above situations have occurred or there is the potential for such, the record retention schedule shall be suspended for these records until such time as the situation has been resolved.

**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 8.7
Policy Title: Destruction/Disposal of Protected Health Information
Effective Date: April 14, 2003
Last Revision Date: August 21, 2014
Page 2 of 6

- C. Records containing PHI that are not originals and that have no retention of record requirements (i.e. provider copies, shadow charts, etc.) will be destroyed /disposed by shredding or other comparable method determined by each UW HCC unit. Certification of destruction of non-originals is not required.
- D. Records containing PHI scheduled for destruction/disposal will be secured against unauthorized or inappropriate access until the destruction/disposal of PHI is complete.
- E. A record of all destruction/disposal of original medical/client records or other original documents containing PHI will be made and retained permanently. Permanent retention is required because the records of destruction/disposal may be needed to demonstrate that the records containing PHI were destroyed/disposed of in the regular course of business. Records of destruction/disposal should include:
 - 1. Date of destruction/disposal.
 - 2. Method of destruction/disposal.
 - 3. Description of the destroyed/disposed record series or medium.
 - 4. Inclusive dates covered.
 - 5. A statement that the records containing PHI were destroyed/disposed of in the normal course of business.
 - 6. The signatures of the individuals supervising and witnessing the destruction/disposal (when appropriate).

A sample certificate of destruction is available at the hipaa.wisc.edu webpage in the "Forms" tab.

- F. If destruction/disposal services are contracted, the contract shall:
 - 1. Specify the method of destruction/disposal (such method must be consistent with those set forth in III.G. below).
 - 2. Specify the time that will elapse between acquisition and destruction/disposal of data/media.
 - 3. Establish safeguards against breaches in confidentiality.
 - 4. Provide proof of destruction/disposal.

**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 8.7
Policy Title: Destruction/Disposal of Protected Health Information
Effective Date: April 14, 2003
Last Revision Date: August 21, 2014
Page 3 of 6

See Privacy Policy # 6.1 “Managing Arrangements with Business Associates of the University of Wisconsin-Madison” for more details concerning the requirements of a business associate agreement.

- G. PHI will be destroyed/disposed of using a method that ensures the PHI cannot be recovered or reconstructed. Appropriate methods for destruction/disposal are outlined in the following table.

Medium	Recommendation
Audiotapes	Methods for destroying/disposing of audiotapes include recycling (tape over) or pulverizing.
Computerized Data/ Computers & Hard Disk Drives (including within some fax machines and copiers)	Methods of destruction/disposal should destroy/dispose of data permanently and irreversibly. Methods may include overwriting data with a series of characters or reformatting the disk (destroying everything on it). Deleting a file on a disk does not destroy/dispose of the data, but merely deletes the filename from the directory, preventing easy access and making the sector available on the disk so it may not be overwritten. Total data destruction/disposal does not occur until the back-up tapes have been overwritten.
Computer Data/ Magnetic Media	Methods may include overwriting data with a series of characters or reformatting the tape (destroying everything on it). Total data destruction does not occur until the back-up tapes have been overwritten. Magnetic degaussing will leave the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable.
Computer Diskettes	Methods for destroying/disposing of diskettes include reformatting, pulverizing, or magnetic degaussing.
Laser Disks	Disks used in “write once-read many” (WORM) document imaging cannot be altered or reused, making pulverization an appropriate means of destruction/disposal.

**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 8.7
Policy Title: Destruction/Disposal of Protected Health Information
Effective Date: April 14, 2003
Last Revision Date: August 21, 2014
Page 4 of 6

Medium	Recommendation
Microfilm/ Microfiche	Methods for destroying/disposing of microfilm or microfiche include recycling and pulverizing.
Paper Records	Paper records should be destroyed/disposed of in a manner that leaves no possibility for reconstruction of information. Appropriate methods for destroying/disposing of paper records include: burning, shredding, pulping, and pulverizing.
Videotapes	Methods for destroying/disposing of videotapes include recycling (tape over) or pulverizing.

- H. Additional Information on Disposal of Discarded Paper Containing PHI. On occasion, when copying or faxing documents containing PHI, additional copies are made which are not subject to a retention schedule (because they are copies, not originals) and which may be disposed of immediately after the purpose for which they were made has been fulfilled. Such paper copies may be disposed of in recycle bins or waste receptacles only as described below:
1. Unsecured recycle bins/waste receptacles should be located in areas where the public will not be able to access them.
 2. When possible, dispose of paper waste containing PHI in receptacles that are secured by locking mechanisms or that are located behind locked doors after regular business hours. Locked containers must be used with copy machines located in insecure or unattended areas.
 3. Paper documents containing PHI may be placed in recycle bins/waste receptacles as described above only if the paper in such bins or receptacles will be disposed of in a manner that leaves no possibility for reconstruction of the information as described in the chart in III.G. above.
- J. The methods of destruction/disposal will be reassessed periodically, based on current technology, accepted practices, and availability of timely and cost-effective destruction/disposal services.

**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 8.7
Policy Title: Destruction/Disposal of Protected Health Information
Effective Date: April 14, 2003
Last Revision Date: August 21, 2014
Page 5 of 6

IV. Documentation Requirements

A record of all destruction/disposal of original medical/client records or other original documents containing PHI will be made and retained permanently as described in III.E. above using a form substantially similar to the Sample Certificate of Destruction form available at hipaa.wisc.edu.

V. Forms

Sample Certificate of Destruction

VI. References

- 895.505 Wisconsin Statutes (Disposal of records)
- 146.819 Wisconsin Statutes (Disposition of records-cease practice)
- 146.817 Wisconsin Statutes (Fetal tracings)
- 45 CFR 164.530 (c) (HIPAA Privacy Rule)

VII. Related Policies

- Policy Number 6.1 “Managing Arrangements with Business Associates of the University of Wisconsin-Madison”
- Policy Number 8.5 “Security of Faxed, Printed, and Copied Documents”

VIII. For Further Information

For further information concerning this policy, please contact the UW-Madison HIPAA Privacy Officer or the appropriate unit HIPAA Privacy Coordinator or sub-Coordinator. Contact information is available within the “Contact Us” tab at hipaa.wisc.edu.

Reviewed By

Chancellor
Chancellor’s Task Force on HIPAA Privacy
UW-Madison HIPAA Privacy Officer
UW-Madison Office of Legal Affairs

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Page 6 of 6

Approved By
Interim HIPAA Privacy and Security Operations Committee