

7. Healthcare

The function of Healthcare entails the maintaining and restoration of health by the treatment and prevention of disease. The State Veterans Homes (within the Department of Military and Veterans Affairs), the Division of State Operated Healthcare Facilities (DSOHF, within the Department of Health and Human Services [DHHS]), the Department of Adult Correction (DAC), and the Division of Juvenile Justice and Delinquency Prevention (within the Department of Public Safety) provide medical care to patients and residents in their facilities. The DHHS Central Billing Office handles financial records for DSOHF. The Office of the Chief Medical Examiner and the State Laboratory of Public Health under DHHS also perform health-related research that is addressed on this schedule.

NOTE: For employee medical records, see HUMAN RESOURCES.

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Appendix: [Records That Will Transfer to the State Records Center](#)

The trigger for the retention period for Healthcare records is usually the date of the last encounter, so it is useful to be able to sort inactive records based on these dates. The records documenting aid provided by the Centers for Medicare and Medicaid Services (CMS) are required by the DHHS Office of the Controller to be retained for 10 years; in cases where this retention is longer than that specified in this schedule, the records must be retained according to the more stringent requirement.

This schedule applies to medical records in both paper and electronic formats. In accordance with G.S. § 131E-97, all medical records compiled and maintained at DHHS facilities are confidential and exempt from public inspection. The 1972 NC Court of Appeals decision in *Goble v. Bounds* (13 N.C. App. 579) affirmed that prison records of inmates are confidential and not subject to inspection by the public. G.S. § 8-53 confers confidentiality on communications between physicians and their patients. 42 USC 1320d-2(d)(2) establishes safeguards related to the maintenance and transmittal of health information to ensure its confidentiality, and the HIPAA Privacy Rule (45 CFR Parts 160 and 164) establishes national standards to protect individuals’ medical records and other personal health information maintained by health care providers that conduct certain health care transactions electronically in an electronic health record (EHR). In addition, the HIPAA Privacy Rule protects the individually identifiable health

information about a decedent for 50 years following the date of death of the individual (see paragraph (2)(iv) of the definition of “Protected health information” in 45 CFR 160.103). Rather than list these citations beside each individual record, the lock symbol indicates confidentiality under this legislation; any *additional* confidentiality provisions are noted in the citation column.



These Functional Schedules apply to records in all media, unless otherwise specified. The State Archives of North Carolina recommends that agencies develop a file plan that documents the owners of record copies, internal definitions of reference value, and record formats. (A sample is available on the records management tools page at <https://archives.ncdcr.gov/government/rm-tools>.) Information about the NC Public Records Act, confidentiality, destructions, audits and litigation actions, and electronic records can be found in the overview to the functional scheduling initiative. A key for the Functional Schedule along with definitions of important records management terms can be found in the glossary to this schedule.

7.1 Administration of Healthcare Facilities

DEFINED: Activities related to the oversight of healthcare provision.

SEE ALSO: Surveillance records for chronic and communicable diseases are under Health-Related Research (7.4). Facility accreditation records are under AGENCY MANAGEMENT. Business associate agreements are under LEGAL.



7.1

RC No.	Record Types	Disposition Instructions	Citation
711.5 	Facility Advocate Records Records of advocates placed in facilities; includes reports and investigations regarding rights protection of individuals	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy*	<u>Confidentiality</u> G.S. § 122C-52
712.6	HIPAA Policies Facility policies and procedures to align with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) SEE ALSO: Agency Policies (AGENCY MANAGEMENT), Contracts (LEGAL)	RETAIN UNTIL: Complete PLUS: 6 years THEN: Destroy	<u>Retention</u> 45 CFR 164.316(b)(2) 45 CFR 164.530(j)
713.5	Infection Control Records Records created and/or received by a facility’s infection control program; includes investigative reports, surveillance records and logs, infection control reports <i>NOTE: Records concerning employees who may have been or were exposed to a communicable disease should be transferred to the Personnel file</i>	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy*	
714.10 	Patient Safety Organization Records – Department of Health and Human Services Records created by Division of State Operated Healthcare Facilities to oversee data sharing and patient safety initiatives; includes event investigations, root cause analyses, and other related patient safety work product (PSWP)	RETAIN UNTIL: Complete PLUS: 10 years THEN: Destroy	<u>Confidentiality</u> 42 CFR 3.204 42 CFR 3.206

* No destruction of records may take place if audits or litigation are pending or reasonably anticipated.

Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.

± The agency shall establish and enforce internal policies setting minimum retention periods for the records that DNCR has scheduled with the disposition instruction “destroy when reference value ends.” Please use the space provided.

RC No.	Record Types	Disposition Instructions	Citation
715.10 	Performance Improvement and Quality Assurance Records (1 of 2) Incident analyses and reports; includes medication error reports, occurrence reports, and performance improvement plans	RETAIN UNTIL: Complete PLUS: 10 years THEN: Destroy	<u>Confidentiality</u> G.S. § 122C-191(e)
715.3	Performance Improvement and Quality Assurance Records (2 of 2) Formal and informal data collection logs and records	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy	
716.P	Registers and Logbooks Includes master patient index (MPI) documenting patient registration, medical record number, and date(s) of admission; also includes admission and death registers	PERMANENT	
717.5	Scheduling Records (1 of 2) Schedules for medical personnel including physicians, medical aides, nursing staff, and other support personnel who provide medical treatment SEE ALSO: Daily Staffing Records , Float Rosters (below)	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy*	
717.S 	Scheduling Records (2 of 2) Lists of all patients seen or scheduled to be seen by medical personnel and labs SEE ALSO: Daily Staffing Records , Float Rosters (below)	RETAIN UNTIL: Superseded/Obsolete THEN: Destroy	

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7.2 Business Office and Patients’/Residents’ Financial Records

DEFINED: Activities concerning insurance claims and payments, Medicare and Medicaid disbursements, medical bills, and other financial activities for patients/residents served by a state operated healthcare facility.

7.2



SEE ALSO: Routine facility financial records that are not related to patients or residents are under FINANCIAL MANAGEMENT.

RC No.	Record Types	Disposition Instructions	Citation
721.10 	Adjusted Patient Accounts Records of adjustments to patients’ bills and insurance claims	RETAIN UNTIL: Complete PLUS: 10 years THEN: Destroy*	
722.5 	Daily Charge Reports Report summarizing charges to daily in-patients	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy*	
723.10 	Insurance Claims Reports Claim forms submitted to insurance companies; also includes reports summarizing unpaid insurance claims	RETAIN UNTIL: Complete PLUS: 10 years THEN: Destroy*	
724.10 	Medicaid and Medicare Records Logs listing payments made to healthcare providers and indicating the accounts to which they are posted; also includes disbursement reports and bad debt Medicare logs	RETAIN UNTIL: Complete PLUS: 10 years THEN: Destroy*	<u>Retention</u> 42 CFR 422.504(d)
725.10 	Patient Financial Records (1 of 2) Records documenting paid balances and refunds for patients/residents receiving Medicaid/Medicare benefits	RETAIN UNTIL: Complete PLUS: 10 years THEN: Destroy*	<u>Retention</u> 42 CFR 422.504(d)

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RC No.	Record Types	Disposition Instructions	Citation
725.3 	Patient Financial Records (2 of 2) Records documenting paid balances and refunds issued to patients/residents or insurance companies	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy*	
726.3 	Payment Vouchers Vouchers for payments received from patients and insurance companies	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy*	

7.2

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7.3 Clinical Records

DEFINED: Records concerning patient/resident care at state operated healthcare facilities or provided by state counselors. 10A NCAC 26D .0703 specifies the contents of the client record for patients/residents in DSOHF facilities, as does 14B NCAC 11C .0404 for those of inmates in the custody of the Department of Adult Correction and Division of Juvenile Justice and Delinquency Prevention.

NOTE: In cases where outside hospitals or providers are used to provide tests or procedures, those providers retain the original medical records that must be retained and the copies held within DSOHF, DAC, or DPS clinical records are reference copies used for the purpose of follow-up treatment.



SEE ALSO: Staff meeting minutes are under AGENCY MANAGEMENT. Safety data sheets are under RISK MANAGEMENT.

RC No.	Record Types	Disposition Instructions	Citation
731.P	<p>Admission/Discharge/Transfer Reports</p> <p>Records documenting the admission, discharge, and transfer of patients/residents; includes lists of patient’s name, age, sex, race, address, financial class, services received, admitting doctor, date admitted, date discharged, date transferred, floor room, and other related information</p>	PERMANENT	<p><u>Retention</u></p> <p>APSM 45-3, p.126</p>
732.11-1	<p> Adult Clinical Records (1 of 3)</p> <p>Patient clinical records for adults admitted to a hospital or seen at an outpatient clinic</p> <p><i>Includes admission records, physical examination and laboratory reports, medical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, communicable disease reports, consent to test forms, and other related records</i></p>	<p>RETAIN UNTIL: Last encounter</p> <p>PLUS: 11 years Ω</p> <p>THEN: Destroy*</p>	<p><u>Authority</u></p> <p>10A NCAC 13B .3903(d) 10A NCAC 28F .0605 14B NCAC 11C .0404(a)</p> <p><u>Confidentiality</u></p> <p>G.S. § 122C-52 14B NCAC 11C .0404(b)</p> <p><u>Retention</u></p> <p>10A NCAC 13B .3903(a)</p>

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RC No.	Record Types	Disposition Instructions	Citation
732.11-2 	<p>Adult Clinical Records (2 of 3)</p> <p>Resident clinical records for adults diagnosed with intellectual disabilities</p> <p><i>Includes admission records, physical examination and laboratory reports, medical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, communicable disease reports, consent to test forms, and other related records</i></p>	<p>RETAIN UNTIL: Death of client</p> <p>PLUS: 11 years</p> <p>THEN: Destroy*</p>	<p><u>Authority</u></p> <p>10A NCAC 13B .5204 10A NCAC 28F .0605</p> <p><u>Confidentiality</u></p> <p>G.S. § 122C-52</p>
732.5 	<p>Adult Clinical Records (3 of 3)</p> <p>Resident clinical records for adults admitted to a nursing facility</p> <p><i>Includes admission records, physical examination and laboratory reports, medical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, communicable disease reports, consent to test forms, and other related records</i></p>	<p>RETAIN UNTIL: Last encounter</p> <p>PLUS: 5 years</p> <p>THEN: Destroy*</p>	<p><u>Authority</u></p> <p>10A NCAC 13D .2401 10A NCAC 28F .0605</p> <p><u>Confidentiality</u></p> <p>G.S. § 122C-52</p> <p><u>Retention</u></p> <p>10A NCAC 13D .2402(a)</p>
733.5	<p>Central Sterile Supply Records</p> <p>Records concerning the proper functioning of autoclave equipment; includes mechanical, chemical, and biological monitor notebooks and sterilizer logs and tests</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 5 years</p> <p>THEN: Destroy*</p>	
734.6	<p>Correspondence Log</p> <p>Logs and records detailing patient-related correspondence that is not part of the clinical record</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 6 years</p> <p>THEN: Destroy</p>	

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RC No.	Record Types	Disposition Instructions	Citation
735.10 	Dental Records Records concerning dental treatments; includes tests and diagnoses, treatments, prescriptions, treatment plans, and other related records	RETAIN UNTIL: Last encounter PLUS: 10 years THEN: Destroy*	<u>Authority/Retention</u> 21 NCAC 16T .0101
736.P	Master Patient Index Medical record index listing patients' names, discharge dates, medical record numbers, dates of service, financial class, attending physicians' names, procedures performed, diagnostic and procedural codes, and other related information	PERMANENT	
737.<-1 	Pediatric Clinical Records (1 of 3) Patient clinical records for those from birth to 18 years of age admitted to a hospital or seen at an outpatient clinic <i>Includes admission records, physical examination and laboratory reports, medical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, communicable disease reports, consent to test forms, and other related records</i>	RETAIN UNTIL: Patient reaches age 30 Ω THEN: Destroy* <i>NOTE: Records must be retained 11 years after last encounter at hospital</i>	<u>Authority</u> 10A NCAC 13B .3903(d) 10A NCAC 28F .0605 14B NCAC 11C .0404(a) <u>Confidentiality</u> G.S. § 122C-52 14B NCAC 11C .0404(b) <u>Retention</u> 10A NCAC 13B .3903(b)

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RC No.	Record Types	Disposition Instructions	Citation
737.<-2 	<p>Pediatric Clinical Records (2 of 3)</p> <p>Resident clinical records for those from birth to 18 years of age diagnosed with intellectual disabilities</p> <p><i>Includes admission records, physical examination and laboratory reports, medical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, communicable disease reports, consent to test forms, and other related records</i></p>	<p>RETAIN UNTIL: Death of client</p> <p>THEN: Destroy*</p> <p><i>NOTE: Records must be retained 11 years after last encounter</i></p>	<p><u>Authority</u></p> <p>10A NCAC 13B .5204 10A NCAC 28F .0605</p> <p><u>Confidentiality</u></p> <p>G.S. § 122C-52</p>
737.4 	<p>Pediatric Clinical Records (3 of 3)</p> <p>Resident clinical records for those from birth to 18 years of age admitted to a nursing facility</p> <p><i>Includes admission records, physical examination and laboratory reports, medical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, communicable disease reports, consent to test forms, and other related records</i></p>	<p>RETAIN UNTIL: Last encounter</p> <p>PLUS: 4 years</p> <p>THEN: Destroy*</p> <p><i>NOTE: Records must be retained until the patient reaches 19 years of age in addition to this minimum time requirement</i></p>	<p><u>Authority</u></p> <p>10A NCAC 13D .2401 10A NCAC 28F .0605</p> <p><u>Confidentiality</u></p> <p>G.S. § 122C-52</p> <p><u>Retention</u></p> <p>10A NCAC 13D .2402(b)</p>
738.<	<p>Transcription Logs</p> <p>Logs detailing transcription activities for physicians' notes</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 6 months</p> <p>THEN: Destroy</p>	

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7.4 Health-Related Research and Data

DEFINED: Activities related to the promotion, protection, and assurance of the health of North Carolina constituents. 10A NCAC 41A .0101, as authorized by G.S. § 130A-134, lists the diseases and conditions declared to be dangerous to the public health and required to be reported to the DHHS Communicable Disease Branch. The clinical records of individual patients are confidential, pursuant to HIPAA and specific State laws cited below; reports produced by DHHS use only de-identified data (and are included on the AGENCY MANAGEMENT schedule).

SEE ALSO: Reports received by DHHS from local health departments are under MONITORING AND COMPLIANCE.

RC No.	Record Types	Disposition Instructions	Citation
741.P 	Communicable Disease Records (1 of 3) – Department of Health and Human Services Records accumulated by the Department of Health and Human Services concerning NC residents diagnosed with tuberculosis or typhoid	PERMANENT	<u>Authority</u> 10A NCAC 41A .0101 <u>Confidentiality</u> G.S. § 130A-143 42 USC 1320d-2(d)(2)
741.< 	Communicable Disease Records (2 of 3) – Department of Health and Human Services Records accumulated by the Department of Health and Human Services concerning chronic disease cases, including human immunodeficiency virus (HIV), hepatitis B, and hepatitis C	RETAIN UNTIL: Death of client THEN: Destroy	<u>Authority</u> 10A NCAC 41A .0101 <u>Confidentiality</u> G.S. § 130A-143 42 USC 1320d-2(d)(2)
741.5 	Communicable Disease Records (3 of 3) – Department of Health and Human Services Records accumulated by the Department of Health and Human Services concerning diagnoses and case surveillance for other communicable diseases	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy	<u>Authority</u> 10A NCAC 41A .0101 <u>Confidentiality</u> G.S. § 130A-143 42 USC 1320d-2(d)(2)

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RC No.	Record Types	Disposition Instructions	Citation
742.10	<p>Environmental Sciences Testing Records (1 of 2) – Department of Health and Human Services</p> <p>Records accumulated by the Department of Health and Human Services concerning the analysis of environmental samples for radioisotope presence</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 10 years</p> <p>THEN: Destroy</p>	
742.5	<p>Environmental Sciences Testing Records (2 of 2) – Department of Health and Human Services</p> <p>Records accumulated by the Department of Health and Human Services concerning the bacteriologic, chemical, and fluoride analyses of water samples</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 5 years</p> <p>THEN: Destroy</p>	
743.2	<p>Health Monitoring Programs – Department of Health and Human Services</p> <p> Records accumulated by the Department of Health and Human Services about chronic disease and other health issues; includes incidence reporting and other surveillance methods</p>	<p>RETAIN UNTIL: Received</p> <p>PLUS: 2 years</p> <p>THEN: Destroy</p>	<p><u>Confidentiality</u></p> <p>G.S. § 130A-131.17</p> <p>G.S. § 130A-212</p> <p>G.S. § 130A-374</p> <p>G.S. § 130A-476(e)</p> <p>G.S. § 130A-480(b)</p> <p>10A NCAC 47B .0103</p> <p>10A NCAC 47C .0105</p>
744.P	<p>Immunization Registry (NCIR) – Department of Health and Human Services</p> <p> Records accumulated by the Department of Health and Human Services regarding immunizations administered in North Carolina</p>	<p>PERMANENT</p>	<p><u>Authority</u></p> <p>G.S. § 130A-153</p>

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7.5 Laboratory Services

DEFINED: Records concerning laboratory services and analyses conducted by state operated healthcare facilities, the North Carolina State Laboratory of Public Health, and the Office of the Chief Medical Examiner.

SEE ALSO: Reports from laboratory analyses for patients are incorporated into the Adult and Pediatric Clinical Records. Test reports that are subject to Medicaid requirements should be handled according to the Grants Management schedule under FINANCIAL MANAGEMENT.




7.5

RC No.	Record Types	Disposition Instructions	Citation
751.2	Accession Records Records concerning chain of custody of laboratory samples	RETAIN UNTIL: Complete PLUS: 2 years THEN: Destroy	
752.2	Analytic Systems Records Records documenting all analytic systems activities; includes worksheets, specimen logs, and instrument printouts	RETAIN UNTIL: Complete PLUS: 2 years THEN: Destroy	<u>Retention</u> 42 CFR 493.1105(a)(3)
753.60 	Autopsy Records – Department of Health and Human Services a) Microscopic slides, paraffin blocks, and x-rays produced by/for the Office of the Chief Medical Examiner b) Reports, photographs, and video or audio recordings of autopsies produced by/for the Office of the Chief Medical Examiner	RETAIN UNTIL: Complete PLUS: 60 years Ω THEN: Destroy	<u>Authority</u> G.S. § 130A-389 G.S. § 130A-389.1 G.S. § 132-1.8 <u>Confidentiality</u> G.S. § 130A-389(d)

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RC No.	Record Types	Disposition Instructions	Citation
754.10 	<p>Blood Bank Records (1 of 3)</p> <p>Records used to monitor the process by which blood products are made available and used; includes donor information and informed consent forms; records concerning the storage, distribution, and visual inspection of blood products; compatibility testing; component preparation; therapeutic bleedings; and immunizations; also includes blood collection and processing results, interpretations of tests, labeling, emergency releases of blood, and equipment calibration and performance checks; also includes transfusion reaction reports and complaints, investigations, errors and accident records, difficulties in blood typing reports, exposures to transmissible diseases, supplies and reagents, and final disposition reports of blood products</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 10 years</p> <p>THEN: Destroy</p> <p><i>NOTE: Records should be destroyed no less than 10 years after the records of processing have been completed or 6 months after the latest expiration date for the individual product, whichever occurs later</i></p>	<p><u>Authority</u></p> <p>21 CFR 606.160 21 CFR 606.165 21 CFR 606.170</p> <p><u>Confidentiality</u></p> <p>G.S. § 131E-97</p> <p><u>Retention</u></p> <p>21 CFR 606.160(d)</p>
754.P	<p>Blood Bank Records (2 of 3)</p> <p>Records concerning blood products with no expiration date</p>	PERMANENT	
754.<	<p>Blood Bank Records (3 of 3)</p> <p>Records used to identify unsuitable donors so that their blood products will not be distributed</p>	<p>RETAIN UNTIL: Death of donor</p> <p>THEN: Destroy</p>	<p><u>Authority</u></p> <p>21 CFR 606.160(e)</p>
755.10 	<p>Cytology Records (1 of 2)</p> <p>Fine needle aspiration slides</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 10 years</p> <p>THEN: Destroy</p>	
755.5 	<p>Cytology Records (1 of 2)</p> <p>Stained slides; includes both negative/unsatisfactory and positive/suspicious samples</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 5 years</p> <p>THEN: Destroy</p>	

* No destruction of records may take place if audits or litigation are pending or reasonably anticipated.

Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.

± The agency shall establish and enforce internal policies setting minimum retention periods for the records that DNCR has scheduled with the disposition instruction "destroy when reference value ends." Please use the space provided.

RC No.	Record Types	Disposition Instructions	Citation
756.P	Laboratory Register (1 of 3) Log of laboratory tests performed for clinical care	PERMANENT	
756.5	Laboratory Register (2 of 3) Newborn screening collection forms	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy	
756.2	Laboratory Register (3 of 3) Test requisitions and test authorizations	RETAIN UNTIL: Complete PLUS: 2 years THEN: Destroy	<u>Retention</u> 42 CFR 493.1105(a)(1)
757.2	Proficiency Testing Records used to attest the handling, preparation, processing, examination, and reporting of results of all proficiency testing; includes testing report forms, records documenting testing failures and corrective actions, and other related records	RETAIN UNTIL: Complete PLUS: 2 years THEN: Destroy	<u>Retention</u> 42 CFR 493.1105(a)(4)
758.2-1	Quality Control (1 of 2) Records documenting a laboratory’s quality control procedures; includes routine surveys and maintenance records, instrument calibrations, instrument/reagent correlations studies, quality control tests, silver recovery records, and other related records	RETAIN UNTIL: Complete PLUS: 2 years THEN: Destroy	<u>Retention</u> 42 CFR 493.1105(a)(5)

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RC No.	Record Types	Disposition Instructions	Citation
758.2-2	Quality Control (2 of 2) Method validation and performance verification studies	RETAIN UNTIL: Test system discontinued PLUS: 2 years THEN: Destroy <i>NOTE: These records must be retained at least 2 years</i>	<u>Retention</u> 42 CFR 493.1105(a)(3)
759.2	Test Procedures Standard operating procedures and policies related to lab testing	RETAIN UNTIL: Discontinued PLUS: 2 years THEN: Destroy	<u>Retention</u> 42 CFR 493.1105(a)(2)
7510.4	Toxicology Records – Department of Health and Human Services Records produced by the Office of the Chief Medical Examiner; includes request for analysis, chain of custody, data sheets, analyst’s worksheets, and other related records	RETAIN UNTIL: Complete PLUS: 4 years THEN: Destroy	

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 Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.
 ± The agency shall establish and enforce internal policies setting minimum retention periods for the records that DNCR has scheduled with the disposition instruction “destroy when reference value ends.” Please use the space provided.



7.6 Nuclear Medicine, Radiation Therapy, and Radiology Records

DEFINED: Records concerning patient x-rays, radiation treatments, and similar activities at the state operated healthcare facility.

NOTE: In cases where outside hospitals or providers are used to provide tests or procedures, those providers retain the original medical records that must be retained and the copies held within DSOHF, DAC, or DPS clinical records are reference copies used for the purpose of follow-up treatment.

SEE ALSO: Reports from electronic radiographic cases, nuclear medicine exams, and imaging diagnostic tests are incorporated into the Adult and Pediatric Clinical Records. Inspections of radiation protection programs are under MONITORING AND COMPLIANCE. Employee exposure records are under RISK MANAGEMENT.


7.6

RC No.	Record Types	Disposition Instructions	Citation
761.11 	<p>Cardiac Catheter Records (1 of 2)</p> <p>Tests on coronary arteries of adult patients; includes film and electronic images produced during procedure</p> <p>SEE ALSO: Adult Clinical Records, Pediatric Clinical Records (above)</p>	<p>RETAIN UNTIL: Last encounter</p> <p>PLUS: 11 years</p> <p>THEN: Destroy*</p>	
761.< 	<p>Cardiac Catheter Records (2 of 2)</p> <p>Tests on coronary arteries of pediatric patients; includes film and electronic images produced during procedure</p> <p>SEE ALSO: Adult Clinical Records, Pediatric Clinical Records (above)</p>	<p>RETAIN UNTIL: Patient reaches age 30</p> <p>THEN: Destroy*</p> <p><i>NOTE: Records must be retained 11 years after last encounter</i></p>	
762.3	<p>Daily Statistical Sheets and Logs</p> <p>Statistical sheets and logs documenting the number of patients given examinations during a given reporting period; includes patient names, names of attending physicians, type and number of examinations performed, and other related information</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 3 years</p> <p>THEN: Destroy*</p>	

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RC No.	Record Types	Disposition Instructions	Citation
<p>763.5</p> 	<p>Imaging Services and Radiographic Records</p> <p>Nuclear medicine exams and imaging diagnostic tests, including CAT scans, MRI scans, and x-rays; includes film and electronic images produced during tests</p>	<p>RETAIN UNTIL: Last encounter</p> <p>PLUS: 5 years</p> <p>THEN: Destroy*</p>	

7.6

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7.7 Nursing Services

DEFINED: Records maintained at nurses' duty stations.

SEE ALSO: Staff meeting minutes and productivity reports are under AGENCY MANAGEMENT. Information on contracted employees is under HUMAN RESOURCES.

7.7

RC No.	Record Types	Disposition Instructions	Citation
771.1	<p>Call-In Reports – Department of Health and Human Services</p> <p>Records concerning ambulance reports generated when the ambulance is used to transport a Division of State Operated Healthcare Facilities patient; includes ambulance run reports</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 1 year</p> <p>THEN: Destroy</p>	
772.5	<p>Daily Staffing Records</p> <p>Assignments sheets specifying nurses' floor assignments; includes nurses' names and numbers of patients seen</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 5 years</p> <p>THEN: Destroy*</p>	
773.5	<p>Emergency Department Log</p> <p>Records concerning individuals receiving services in the emergency department</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 5 years</p> <p>THEN: Destroy*</p>	
774.5	<p>Emergency Equipment Checklists</p> <p>Checklists regarding equipment reliability on the code cart</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 5 years</p> <p>THEN: Destroy*</p>	
775.R	<p>Float Rosters</p> <p>Lists of nurses sent to other units within the facility; includes nurse's name, unit sent to, hours worked, and time spent</p>	<p>RETAIN UNTIL: Reference value ends ±</p> <p>THEN: Destroy</p> <p>Facility Policy: _____</p>	

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Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.

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RC No.	Record Types	Disposition Instructions	Citation
776.1	Floor Census Records Records used to track room usage; includes number of patients and number of rooms available	RETAIN UNTIL: Complete PLUS: 1 year THEN: Destroy*	
777.5	Observation Logs Records concerning observation of patients in the facility less than 24 hours	RETAIN UNTIL: Complete PLUS: 5 years THEN: Destroy*	
778.R	Private Duty Call Lists Lists of patient sitters	RETAIN UNTIL: Reference value ends ± THEN: Destroy Facility Policy: _____	

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Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.

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7.8 Pharmacy Records

DEFINED: Records concerning operations of state operated healthcare facility pharmacies. (See 21 North Carolina Administrative Code 46, Board of Pharmacy – Rules and Regulations Sections .0100 through .3000 for further information regarding the disposition of records.)

7.8


SEE ALSO: Original prescription orders are incorporated into the Adult and Pediatric Clinical Records.

RC No.	Record Types	Disposition Instructions	Citation
781.3	Adverse Drug Reaction Reports Reports to the Food and Drug Administration (FDA) describing adverse drug reactions	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy	
782.P	Drug Disposal Records (1 of 2) Pharmaceutical waste manifests	PERMANENT	<u>Retention</u> DHHS Pharmaceutical Waste Policy
782.3	Drug Disposal Records (2 of 2) Records documenting the disposal or final disposition of all outdated, improperly labeled, adulterated, damaged, or unwanted controlled and non-controlled substances, or drug containers with worn, illegible, or missing labels	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy	
783.3	Drug Distribution Records Records listing who filled and/or checked a medication at time of issuing or dispensing and other related information	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy	<u>Retention</u> 21 NCAC 46 .1414(j)(1)

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RC No.	Record Types	Disposition Instructions	Citation
784.3	<p>Drug Inventories</p> <p>Inventories of controlled and non-controlled substances; includes inventory reports, ancillary drug cabinet inventories, annual and biennial inventories, perpetual inventories, and other related records used to account for medication compounding and dispensing by pharmacies and locations outside the pharmacy; also includes inventories of drugs destroyed, their amounts, and when destroyed</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 3 years</p> <p>THEN: Destroy*</p>	<p><u>Retention</u></p> <p>21 NCAC 46 .1414(j)(6)</p>
785.10	<p>Insurance Claim Records (1 of 2)</p> <p>Medicaid and Medicare Part D medication and billing records; includes electronic records used to maintain billing</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 10 years</p> <p>THEN: Destroy*</p>	<p><u>Retention</u></p> <p>42 CFR 422.504(d)</p>
785.3	<p>Insurance Claim Records (2 of 2)</p> <p>Insurance claim forms, confirmation or denial reports, remittance and status reports, and other related records submitted by pharmacies for reimbursement</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 3 years</p> <p>THEN: Destroy*</p>	
786.3	<p>Medication Storage and Environment Inspection Reports</p> <p>Results of medication storage areas inspected on a routine basis; also includes intravenous hood performance reports</p>	<p>RETAIN UNTIL: Complete</p> <p>PLUS: 3 years</p> <p>THEN: Destroy</p>	
787.< 	<p>Patient Medication Profile</p> <p>Lists of all prescribed medications for each patient; also includes records involving the interpretation and evaluation of a patient’s drug therapy or other pharmaceutical care services (e.g., on-site drug and medication reviews)</p>	<p>RETAIN UNTIL: Patient is no longer active at facility</p> <p>THEN: Destroy*</p>	<p><u>Confidentiality</u></p> <p>G.S. § 90-113.74</p>

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Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.

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RC No.	Record Types	Disposition Instructions	Citation
788.3 	Prescription Orders Prescription orders for controlled and non-controlled substances or other medication or devices that are not recorded in the patient’s medical record	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy	<u>Authority</u> G.S. § 90-85.30 G.S. § 90-85.35 <u>Confidentiality</u> G.S. § 90-85.36 <u>Retention</u> G.S. § 90-85.26 21 NCAC 46 .2302
789.3-1	Schedule II, III, IV, and V Narcotics Records (1 of 2) Ordering and receiving records for schedule II controlled substances	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy*	<u>Authority</u> G.S. § 90-90 G.S. § 90-107 <u>Retention</u> 21 NCAC 46 .1414(j)(6) 42 CFR 423.505
789.3-2 	Schedule II, III, IV, and V Narcotics Records (2 of 2) Records documenting the usage of schedule II, III, IV, and V controlled substances	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy*	<u>Authority</u> G.S. § 90-90 through § 90-93 G.S. § 90-113.71 <u>Confidentiality</u> G.S. § 90-85.36(c) G.S. § 90-113-74

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7.9 Social Services and Acute Care Records

DEFINED: Records concerning social service and acute care programs at state operated healthcare facilities or service providers.

SEE ALSO: Patient conference records and referral worksheets for discharge planning are filed in the Adult and Pediatric Clinical Records.

7.9

RC No.	Record Types	Disposition Instructions	Citation
791.3	Approval for Nursing Home Placement Records Completed forms approving patients' placements in nursing homes	RETAIN UNTIL: Discharge or death of patient PLUS: 3 years THEN: Destroy	
792.12 	Children's Developmental Service Agency (CDSA) Patient Clinical Records – Department of Health and Human Services Records concerning admissions and services of CDSA clients of the Infant-Toddler Program; includes medical histories, results of eligibility determinations, evaluations and assessments, diagnostic goals, Individualized Family Service Plans, service notes, summaries of treatment received, responses to treatment, follow-up reports, and other related records	RETAIN UNTIL: Designated inactive PLUS: 12 years Ω THEN: Destroy	<u>Confidentiality</u> G.S. § 130A-12
793.3	Patient Tracking Records Records used to track patients receiving care through a facility's social service program; includes patient's name and address, room number, consultation date, placement information, and other related records	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy	
794.4	Referrals to County Department of Social Services Completed forms (PA-400) used as referrals to county department of social services for patients who may be eligible for Medicare	RETAIN UNTIL: Complete PLUS: 4 years THEN: Destroy	

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Ω See appendix for list of item numbers for records that are temporarily stored at the State Records Center prior to destruction.

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7.10 Utilization Review Records
DEFINED: Committee records regarding the utilization of healthcare facility staff, programs, and resources.

7.10

RC No.	Record Types	Disposition Instructions	Citation
7101.10	Daily Medicare and Medicaid Logs Record of money paid to provider by Medicaid or Medicare	RETAIN UNTIL: CMS Cost Report Audit closes PLUS: 10 years THEN: Destroy*	<u>Retention</u> 42 CFR 422.504(d)
7102.S	Financial Classification Logs Logs listing financial classifications applicable to patients	RETAIN UNTIL: Superseded/Obsolete THEN: Destroy	
7103.1	Patient Abstract Records Abstracts of codes used to track both patient billing and types of diseases diagnosed (used to report this information to insurance companies)	RETAIN UNTIL: Complete PLUS: 1 year THEN: Destroy	
7104.3	Private Paid Discharge Records Records used to track those patients who pay their bill without insurance or Medicare	RETAIN UNTIL: Complete PLUS: 3 years THEN: Destroy*	
7105.1	Transfer and Discharge Lists Lists summarizing transfers and discharges of patients	RETAIN UNTIL: Complete PLUS: 1 year THEN: Destroy	
7106.S	Utilization Review Plans Plans for utilization review	RETAIN UNTIL: Superseded/Obsolete THEN: Destroy	<u>Authority</u> 42 CFR 482.30

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Records That Will Transfer to the State Records Center

The RC No. listed beside each Record Type is found on the Functional Schedule; the Item Number is a tracking number that is used only for records that are stored at the State Records Center.

Appendix

An index or box inventory should accompany any records that transfer to the State Records Center for temporary storage or for eventual transfer to the custody of the Archives.

732.11 Adult Clinical Records: Transfer records to the State Records Center 6 years after inmate’s release or parole. Records will be held for agency 5 additional years and then destroyed.

Agency	Series Title	Item Number
Adult Correction, Department of	Inpatient Health Records File	679
Adult Correction, Department of	Outpatient Health Records File	4049
Adult Correction, Department of	Prisons Health Services Inpatient/Residential Mental Health Records	47048
Adult Correction, Department of	Raw Psychological Test Data File	47049

737.< Pediatric Clinical Records: Transfer records to the State Records Center when juvenile reaches 18 years of age. Records will be held for agency 12 additional years and then destroyed.

Agency	Series Title	Item Number
Public Safety, Department of	Juvenile Offender Medical Records	50909

753.60 Autopsy Records: Transfer records to the State Records Center after 5 years. Records will be held for agency 55 additional years and then destroyed.

Agency	Series Title	Item Number
Health and Human Services, Department of	Central Office Microscopic Slides and Paraffin Blocks File	1782
Health and Human Services, Department of	Investigative Cases File	1779
Health and Human Services, Department of	Non-Central Office Investigative Cases File	1780
Health and Human Services, Department of	Non-Central Office Microscopic Slides and Paraffin Blocks File	1783
Health and Human Services, Department of	X-Ray File	1781



792.12 Children’s Developmental Service Agency (CDSA) Patient Clinical Records: Transfer records to the State Records Center after 2 years. Records will be held for agency 10 additional years and then destroyed.

Agency	Series Title	Item Number
Health and Human Services, Department of	CDSA – Blue Ridge	3651
Health and Human Services, Department of	CDSA – Cape Fear	1819
Health and Human Services, Department of	CDSA – Concord	1810
Health and Human Services, Department of	CDSA – Durham	3620
Health and Human Services, Department of	CDSA – Elizabeth City	1811
Health and Human Services, Department of	CDSA – Greensboro	1813
Health and Human Services, Department of	CDSA – Morganton/Hickory	1814
Health and Human Services, Department of	CDSA – New Bern	1815
Health and Human Services, Department of	CDSA – Raleigh	1816
Health and Human Services, Department of	CDSA – Rocky Mount	29683
Health and Human Services, Department of	CDSA – Sandhills	1818
Health and Human Services, Department of	CDSA – Shelby	1817
Health and Human Services, Department of	CDSA – Western NC	1808
Health and Human Services, Department of	CDSA – Winston-Salem	48183

Appendix

