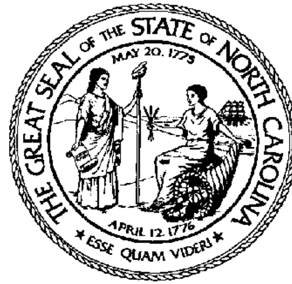
RECORDS RETENTION AND DISPOSITION SCHEDULE

PUBLIC HOSPITALS



Issued By:

North Carolina Department of Cultural Resources
Division of Historical Resources
Archives and Records Section
Government Records Branch

May 13, 2002

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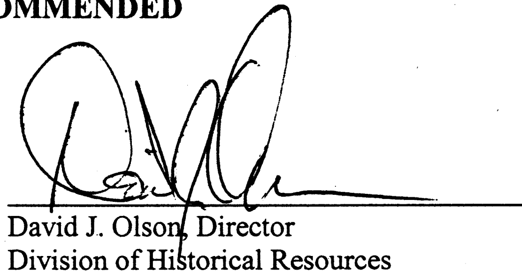
PUBLIC HOSPITAL RECORDS RETENTION AND DISPOSITION SCHEDULE

The records retention and disposition schedule and retention periods governing the records series listed herein are hereby approved. In accordance with the provision of Chapter 121 and 132 of the *General Statutes of North Carolina*, it is agreed that the records do not and will not have further use or value for official business, research, or reference purposes after the respective retention periods specified herein and are authorized to be destroyed or otherwise disposed of by the agency or official having custody of them without further reference to or approval of either party to this agreement. It is further agreed that these records may not be destroyed prior to the time periods stated; however, for sufficient reason they may be retained for longer periods. This schedule is to remain in effect from the date of approval until it is reviewed and updated.

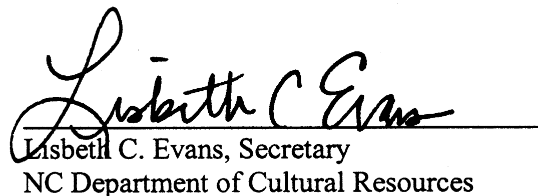
APPROVAL RECOMMENDED



Administrator
Public Hospital

David J. Olson, Director
Division of Historical Resources

APPROVED



Chairman, Board of Trustees/
Directors

Lisbeth C. Evans, Secretary
NC Department of Cultural Resources

May 13, 2002

Official name of hospital or authority

ABOUT THIS PUBLIC RECORDS SCHEDULE

This records schedule identifies and provides retention and disposition instructions for many records that are produced and maintained by the public hospital. These records are defined under Chapter 132 of the *General Statutes of North Carolina* as "public records." Chapter 121-5 mandates that these public records may be disposed of only in accordance with an official records retention schedule. Such schedules are written by the North Carolina Department of Cultural Resources in cooperation with the agency or governing body and include the official approval of these bodies, as required by law, for records disposition actions.

INTERNET ACCESS TO PUBLIC RECORDS INFORMATION. The Government Records Branch offers valuable information on the Internet at its Web site, which may be accessed at http://www.ah.dcr.state.nc.us/sections/archives/rec/default.htm.
Local government agencies are encouraged to reference the site and its links to other data. The Web site offers much of the introductory information and many of the forms contained in this schedule, the full text of G.S. §121 and §132, and contact information for the Government Records Branch.

WHAT THE SCHEDULE IS. This schedule contains a listing and brief description of the program records maintained by the public hospital and identifies the minimum period of time each record series shall be retained. Copies of this schedule can be obtained either by contacting the Government Records Branch or from our Web site listed above. Records normally should be disposed of at the end of the stated retention period. In effect, the schedule provides a comprehensive records disposition plan which, when followed, ensures compliance with G.S. §121 and §132. All provisions of this schedule remain in effect until the schedule is officially amended. Errors and omissions do not invalidate this schedule as a whole or render it obsolete. As long as the schedule remains in effect, destruction or disposal of records in accordance with its provisions shall be deemed to meet the provisions of G.S. §121-5(b) and be evidence of compliance of the law. **However, in the event that a legal requirement, statute, local ordinance, or federal program requires that a record be kept longer than specified in this schedule, the longer retention period shall be applied. All questions concerning the legal requirements for retaining a record should be referred to the qualified legal counsel.**

PUBLIC RECORDS DEFINED. Chapter 132-1 of the *General Statutes of North Carolina* states:

> "Public record" or "public records" shall mean all documents, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material, regardless of physical form or characteristics, made or received pursuant to law or ordinance in connection with the transaction or public business by any agency of North Carolina government or its subdivisions. Agency of North Carolina government or its subdivisions shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the state or of any county, unit, special district or other political subdivision of government.

NOT ALL PUBLIC RECORDS ARE OPEN TO THE PUBLIC. Public records belong to the people. However, not all official public records are open to the public. Many records are protected from general access or casual reference by federal or state laws, or by legal precedent and can be seen only by court order. Therefore, even though G.S. §132-6 and §132-9 provide for public access to most records, certain records should be considered confidential in order to protect the privacy rights of agency personnel and the public. It is the responsibility of each records custodian to be familiar with G.S. §131E-97.1 and §8-53, agency policy, and all other pertinent state and federal legislation and regulations in order to ensure the proper protection of restricted information. If in doubt, consult the Division of Historical Resources or your agency's attorney.

ELECTRONIC RECORDS. Electronic records are becoming an increasingly important part of government work. Word processing on desktop computers means that most office workers are directly responsible for the creation, distribution, and filing of records. Database management systems are used to streamline services delivered to clients. Electronic mail and the World Wide Web are used to keep communication and publishing costs down.

G.S §132-1(a) defines "'Public record' or 'public records' shall mean all …documentary material, *regardless of physical form or characteristics*." Electronic records are subject to the same public access, personal privacy, audit, and authenticity requirements as the paper records which preceded them. Custodians are still responsible for the accuracy, completeness, authenticity, security, retention, and preservation of their records.

INDEXING ELECTRONIC RECORDS. G.S §132-6 requires that all public databases be indexed. To assist local government agencies in this process, the division published *Public Database Indexing Guidelines and Recommendations*. Copies can be obtained from our Web site.

CHANGING THE SCHEDULE. You may request an addition, deletion, or change in a retention period by completing and sending a Request for Change in Records Schedule (Form RC-3C) to the Division of Historical Resources. See the instructions on the form for more information.

EARLY DISPOSAL OR DISPOSAL OF UNSCHEDULED RECORDS. Custodians desiring to dispose of records earlier than specified in this schedule, or to dispose of records not listed in the schedule, may use the form "Request and Approval of Unscheduled Records Disposal" (Form RC5) to obtain the concurrence of the Department of Cultural Resources. Permission must also be obtained from the Board, and recorded in the Board's minutes.

PERMANENT RECORDS. Records scheduled for permanent preservation, even after being microfilmed, may not be destroyed without specific written permission of the Department of Cultural Resources.

PROTECTING PUBLIC RECORDS. Public records are public property. They should remain in the care of the governmental agency in which they were created or collected in the course of public business. Public records should be disposed of only when, and as specified, in this records schedule.

ASSISTANCE WITH INTERPRETATION AND APPLICATION OF THE PROVISIONS OF THIS SCHEDULE. The Government Records Branch provides assistance to agencies with records management issues, including the use of the retention and disposition schedules. Four records analysts are available to assist by telephone or e-mail. Analysts make site visits to agency offices, as needed.

The Raleigh office can be reached at (919) 814-6900.
The Western Office, located in Asheville, can be reached at (828) 274-6789.

PUBLIC RECORDS WITH SHORT-TERM VALUE

GUIDELINES FOR THEIR RETENTION AND DISPOSITION

According to North Carolina General Statutes §121 and §132, every document, paper, letter, map, book, photograph, film, sound recording, magnetic or other tape, electronic data processing record, artifact or other documentary material, regardless of physical or characteristic, made or received in connection with the transaction of public business by any state, county, municipal agency, or other political subdivision of government is considered a public record and may not be disposed of, erased, or destroyed without specific guidance from the Department of Cultural Resources. The Department of Cultural Resources recognizes that many records exist that may have very short-term value to the creating agency. These guidelines, along with any approved program records retention and disposition schedule, are intended to authorize the expeditious disposal of records possessing only brief administrative, fiscal, legal, research, or reference value, in order to enhance the efficient management of public records. Examples of those records include:

- Facsimile cover sheets containing only transmittal ("to" and "from") information, or information that does not add significance to the transmitted material
- Routing slips or other records that transmit attachments
- Reservations and confirmations
- Personal messages (including electronic mail) not related to official business
- Preliminary or rough drafts containing no significant information that is not also contained in the final drafts of the records
- Documents downloaded from the World Wide Web or by file transfer protocol not used in the transaction of business
- Records that do not contain information necessary to conduct official business, meet statutory obligations, carry out administrative functions, or meet organizational objectives

The records described above may be destroyed or otherwise disposed of when their reference value ends.

These guidelines are not intended to serve as authorization to destroy or otherwise dispose of unscheduled records. They are intended to complement the use of an approved records retention and disposition schedule for the creating government or agency, not replace or supersede it. Should a creating government or governmental agency lack an approved records retention and disposition schedule, it may not destroy or otherwise dispose of any records in its custody, whether in electronic, paper, or other format (including electronic mail) until it receives approval of its "Request and Approval of Unscheduled Records Disposal" (Form RC5). Such offices should contact the Government Records Branch of the Division of Historical Resources for assistance in creating a schedule.

While records of short-term value may be discarded as described above, all public employees should be familiar with specific program records retention and disposition schedules and applicable guidelines for their office, the *County Management Retention and Disposition Schedule*, as well as the public records law (G.S. **§**132). When in doubt about whether a record has short-term value, or whether it has special significance or importance, retain the record in question.

DESTRUCTION OF PUBLIC RECORDS

1. **AUTHORIZED PROCEDURES**. One of the following procedures shall be followed prior to the destruction of public records.

   a) Records listed in this schedule, or added later by amendment, may be destroyed after the specified retention periods without further approval of the Department of Cultural Resources or the governing body, providing:

      (1) the governing body has authorized the records listed herein for destruction to be destroyed by blanket approval of the retention and disposition schedule.

      (2) the governing body has entered this approval along with a copy of the schedule in the governing board minutes or as an attachment to the minutes.

      (3) the chairman of the governing board has indicated the governing body's approval by signing the agreement sheet of this schedule.

      (4) the secretary, Department of Cultural Resources, has certified that such records in the retention and disposition schedule have no further use or value for research or reference by signing the same agreement of this schedule.

   b) Records listed in this schedule, or added later by amendment, may be destroyed after the specified retention periods without further reference to the secretary, Department of Cultural Resources; however, if the governing body, for some reason, declines blanket approval of the retention and disposition schedule or fails to enter its approval and a copy of the schedule in the governing board minutes, then the authorization of the governing body must be obtained each time records are destroyed. The certification and authorization must be entered each time in the governing minutes.

   c) One-time destruction of an accumulation of an unscheduled or a discontinued record series should be referred to the Department of Cultural Resources and the governing body for authorization.

2. **DESTRUCTION OF ORIGINAL RECORDS THAT HAVE BEEN DUPLICATED.** Under certain conditions, duplicates of records may be used in place of the originals. Duplicates include (but are not limited to): microfilm of paper or electronic records, scanned paper records, and printouts of electronic records.

   Unlike a xerographic reproduction of paper records, a printout of an electronic record may lose valuable information describing its content, context, and structure. This metadata is a key element of an electronic record. Therefore, records custodians are cautioned not to assume that a printout contains the all of the information the original electronic record does.

   Duplicates must be created in the normal course of business and meet all of the following criteria:

   a) The agency must have registered its approval of this records retention and disposition schedule with the Government Records Branch.

   b) Duplicates of non-permanent records must be retained for the full period of time listed in the disposition instructions.

   c) Records scheduled as permanent may be duplicated. The original records, however, may not be destroyed without prior consent of the Department of Cultural Resources.

In addition, records duplicated through digital imaging or other conversion to computer or digital environments must be supported by convincing, documented evidence that the electronic records were created, reproduced, and otherwise managed in accordance with systems and procedures designed to ensure the reliability, accuracy, and security of both the records and the process or system used to produce the records. Provisions must also be made to ensure the records' accessibility throughout their retention period, including any required migration, recopying, or conversion.

To assist local government agencies, the Division of Historical Resources has published guidelines for establishing methods and procedures in the duplication of original records. Copies of *Micrographics: Technical and Legal Procedures* and *North Carolina Guidelines for Managing Public Records Produced by Information Technology Systems* can be obtained from our Web site.

3. **DESTRUCTION OF ELECTRONIC RECORDS.** Careful attention must be paid to the destruction of electronic records. When computers are sent to surplus, hard drives must be carefully and thoroughly erased or destroyed. Tapes, disks, and other recording media should be physically destroyed. Simple erasure or destruction of a disk's index file is insufficient to destroy the actual data recorded on the disk.

   High-capacity storage media, such as CD-ROMs or optical media, may contain records of differing retention requirements. It is important that those records which must be retained for longer periods continue to be accessible.

   There are two options:

   a) Recopy the longer-retention records onto a separate tape or disk and destroy the original.

   b) Retain the entire tape or disk as long as required for the longest-term record.

4. **METHODS OF DESTRUCTION.** Local government records provide documentation of the actions and processes of government at its most direct level. These records should remain in the custody and control of the agency that created them or received them pursuant to law until such time as they are eligible for disposition. When authorized by an approved records retention and disposition schedule, records should be destroyed in one of the following ways:

   a) burned (unless prohibited by local ordinance), shredded, or torn up so as to destroy the record content of the documents or materials concerned

   b) placed in acid vats so as to reduce the paper to pulp and to terminate the existence of the documents or materials concerned

   c) buried under such conditions that the record nature of the documents or materials will be terminated

   d) sold as waste paper, provided that the purchaser agrees in writing that the documents or materials concerned will not be resold as documents or records

      -N.C. Administrative Code, Title 7, Chapter 4, Subchapter M, Section .0510

5. **DISPOSITION OF RECORDS NOT AUTHORIZED FOR DESTRUCTION BY THIS SCHEDULE.** Custodians with records not authorized for destruction or other disposition by this schedule may discard these records by following one of the procedures listed below:

   a) Address correspondence using Request and Approval of Unscheduled Records Disposal (Form RC5) to the address indicated on the form.

b) Custodians with records no longer in current use that are identified as permanent and not authorized for destruction by this schedule, or with paper records that have been microfilmed, are authorized and empowered to turn over such records to the Department of Cultural Resources. The Department of Cultural Resources is authorized, at its discretion, to accept custody of those records, providing it has adequate space and staff in the State Archives. A written offer of the records should be made to the Assistant State Records Administrator, Government Records Branch, 4615 Mail Service Center, Raleigh, North Carolina 27699-4615.

DISASTER ASSISTANCE IS AVAILABLE

Throughout our state's history, county and municipal records have been vulnerable to man-made and natural disasters. Even with modern facilities and improved security and protective measures, public records are still susceptible to fire and water damage, and several disasters involving public records have occurred in this state during recent years. One of the most common forms of disaster has been a fire (usually at night or during a weekend). In those instances, valuable and often irreplaceable records that escaped the flames were ruined by water and mud resulting from fire fighting. In most cases, records that were irreparably damaged might have been saved if state and local officials had known what to do with damaged records and acted promptly.

In order to help state, county, and municipal agencies cope with fires, floods, and other disasters involving records, the North Carolina Division of Historical Resources has formed a Disaster Response Team. Upon request, members of this team will advise local officials on the retrieval of damaged records. When possible, they will also provide further assistance upon request.

WHAT SHOULD YOU DO WHEN A DISASTER OCCURS? The first and most important step to take is to secure the area containing the damaged records as soon as possible. Until fire fighters or other safety personnel confirm the safety of the area, no one should enter the facility. Then notify the Division of Historical Resources at (919) 814-6900 immediately. [During nights or weekends, call your local emergency management office.] In the case of water-damaged records, the first step is to ventilate the area as much as possible to minimize the growth of mold and facilitate later records-salvage efforts. Finally, and most important—**NO ONE SHOULD REMOVE OR ATTEMPT TO CLEAN RECORDS**. Damaged records are fragile, and attempts to move or clean them may cause unnecessary destruction. Only trained personnel should direct the recovery of the damaged records.

Information about disaster response is available on the Division of Historical Resources' Internet Web site at http://www.ah.dcr.state.nc.us.

RECORDS MANAGEMENT WORKSHOPS

TECHNICAL AND PROFESSIONAL TRAINING. Staff training helps to make a good agency records management program better. The records management workshops listed below are available to all governmental agencies and can be presented at your office. They are also available at periodic intervals in the State Records Center building in Raleigh.

An agency outside the Raleigh area may request that a workshop be held on its premises by contacting the Government Records Branch. These workshops can be offered in combination, or otherwise tailored to specific issues or needs in your office. Although fifteen is an optimal number of participants for workshops, they are provided for any interested agency personnel.

SCANNING AND MICROFILMING PUBLIC RECORDS. This workshop covers scanning and microfilming fundamentals. We provide a series of steps to use in planning a scanning project, discuss resource allocation issues, and describe potential pitfalls in the process. A basic review of records management and public records law is provided.

The workshop presents principles for both microfilming and scanning state technical standards and procedures to ensure the legal admissibility of microforms and scanned records and systems and equipment. Also included are the advantages and limitations of the two processes; quality control procedures; suggested specifications for vendor services; state technical standards for in-house operations or vendor services; and choosing and implementing a scanning, microfilming, or hybrid system.

State, county, and municipal government agencies with existing in-house systems; staff who perform or supervise source document microfilming or scanning; and those interested in developing or maintaining micrographic or scanning systems would benefit from this training course.

This is normally a full-day workshop, but it can be shortened for presentation outside of our classroom.

MANAGING PUBLIC RECORDS. Management methods and procedures for controlling active and inactive records in state, county, and municipal government offices through the use of records retention and disposition schedules are presented in the workshop. Included in the training session are pertinent laws, protecting essential records, determining historical and other record values, disposition procedures, and the relationship of disposition to other records management activities.

FILES AND FILING. Step-by-step procedures for organizing and maintaining subject files in an efficient, easy-to-use system are presented in this workshop. The workshop includes: ordering and using the correct supplies; organizing files by their function; color coding files to increase retrieval speed and reduce misfiles; a single-point reference system with everything about a particular case, subject, person, or location in one folder (case filing); eliminating "General" and "Miscellaneous" files; and creating a filing system through which anyone can locate a folder.

MANAGING ELECTRONIC PUBLIC RECORDS. Electronic files in state, county, and municipal agencies include records stored in desktop computers, network servers, and computer “archives.” The workshop covers public access to electronic files; legal acceptance of electronic records; managing, storing, and retrieving electronic records; electronic mail; security of electronic files; and system backups.

MICROFILM

ADVANTAGES. Microfilm is an economical and practical means of preserving a security copy of essential records, and it can be used by government agencies to eliminate the problem of excess paper.

LEGAL AUTHORITY AND ACCEPTANCE. Legal authority for microfilming county records is contained in G.S. §153A-436. This statute provides that the method of reproduction must give legible and permanent copies and that the reproduction of the public records must be kept in a fire-resistant file, vault, or similar container.

G.S. §8-45 and §153A-436 provide that microfilm copies of public records shall be admissible as evidence in any judicial or administrative proceeding.

To ensure uniformity and legal acceptability in microfilmed records, certain forms, targets, and procedures should be used when microfilming public records. The Division of Historical Resources has published *Micrographics: Technical and Legal Procedures* to aid state, county, and municipal agencies in producing good-quality microfilm that meets all legal requirements.

SCANNING RECORDS. For guidance on implementing or maintaining a scanning system, contact the Government Records Branch.

TECHNICAL STANDARDS. Specific technical standards are required to assure quality microforms that are readily reproducible and, where necessary, capable of permanent preservation. There are four basic groups of standards that establish criteria for microfilm to be of archival or permanent quality: standards for the manufacture of raw film, standards affecting the method of filming in order to produce good overall results, standards involved in processing (developing) microfilm, and standards for the storage of processed microfilm. Those standards are listed and explained in the Division of Archives and History's publication *Micrographics: Technical and Legal Procedures*. The standards were compiled from national associations such as the American National Standards Institute (ANSI) and the Association for Information and Image Management (AIIM).

MICROFILMING SERVICES AVAILABLE. The Division of Historical Resources offers microfilming of minutes and other selected permanent records. An appointment to microfilm the records is necessary and may be made by calling (919) 814-6900. The records scheduled to be microfilmed must be delivered to Raleigh for filming. The silver original reel is stored for security in the State Archives' environmentally controlled vault. Duplicate reels may be obtained from the Government Records Branch for a small fee.

Micrographic feasibility studies are provided, on request, to help agencies determine the most cost- effective micrographic system to meet their needs. Evaluations of existing micrographic applications are performed to ensure that microfilm meets state technical standards and is of archival quality.

Agencies microfilming their own *permanent* records should send the silver (camera) film to the Division of Historical Resources for storage in the vault. Duplicate film can be used in the office as the working copy.

ELECTRONIC MAIL AS A PUBLIC RECORD IN NORTH CAROLINA

Guidelines for Its Retention, Disposition, and Destruction

Department of Cultural Resources
Division of Historical Resources

The Division of Historical Resources assumes that every state agency or other political unit in the state of North Carolina sends and receives electronic mail ("e-mail") or will shortly have the capability of doing so. E-mail (unless it is personal in nature) contains information of value concerning, or evidence of, the administration, management, operations, activities, and business of an office. Like paper records-such as the memoranda, correspondence, reports, and the hundreds of other types of records received traditionally, for example, through interoffice or U.S. mail or other avenues—e-mail has administrative, legal, reference, and/or archival value. *The content of electronic mail is a public record* (according to G.S. §121.8 and §132.1) *and may not be disposed of, erased, or destroyed without specific guidance from the Department of Cultural Resources*. This regulation, along with a current records retention and disposition schedule, is intended to provide for that guidance.

Accordingly, agencies and their offices that use e-mail should normally retain or destroy e-mail by following the provisions of a current, valid records retention and disposition schedule listing the records maintained by a particular office, filing e-mail (whether in paper or electronic format) within existing records series on their schedules, and handling it according to the disposition instructions assigned to each such records series. Because of the characteristics of the medium, however, electronic mail possesses a dual identity. E-mail is also used to transmit and receive messages that may have reference or administrative value but which are simultaneously of an ephemeral, temporary, or transient nature. As such, e-mail of this kind functions in some ways like telephone calls or telephone messages. Such messages remain public records but may be treated as having a reference or administrative value that ends when the user no longer needs the information such a record contains. E-mail of ephemeral or rapidly diminishing value may be erased or destroyed when the user has determined that its reference value has ended.

Agencies and offices need, however, to pay particular attention to the sometimes complex requirements for the retention of e-mail for longer periods of time, i.e., e-mail of more than transient value. E-mail in this category may be retained in electronic or paper form (the latter may in some cases be the only means of providing for archival retention, for example, through microfilming of paper copies) but must be retained for as long as the period specified in a valid records schedule. If retained in paper form, the copies must retain transmission and receipt data. If electronic mail is retained in electronic form, office administrators need to ensure that their electronic environment (client server, mainframe computer in or outside their agency, or office personal computer) assures the retention of e-mail for the required period of time. Office administrators may need to contact relevant personnel at ITS (Information Technology Services), personnel at their own agency's computer systems unit, or any other personnel who operate computer units or systems immediately or remotely, to ensure that such systems process e-mail in accordance with records retention schedules and provide for backups, disaster recovery, physical and electronic security, and the general integrity of the system, its components, and the records it generates and maintains. Office administrators may also need to assure that office filing systems adequately provide for the proper classification of electronic files (including e-mail) in the same manner as currently provided for paper-based files.

Office administrators, department or unit heads, and all other public employees who use e-mail should regularly and consistently retain or delete e-mail in accord with the records series and disposition instructions and other instructions provided above. Retention of e-mail or any other records, whether in electronic or paper format, for longer than provided in a valid records retention and disposition schedule leads to inefficiency and waste and may subject the affected unit to legal vulnerabilities.

As of March 1, 2019, all local government agencies in North Carolina will use the General Records Schedule for Local Government Agencies to find the appropriate disposition instructions for records that fall under these standards:

- Administration and Management Records
- Budget, Fiscal, and Payroll Records
- Geographic Information Systems Records
- Information Technology Records
- Legal Records
- Personnel Records
- Public Relations Records
- Risk Management Records
- Workforce Development Records

More information about this transition can be found on our blog at https://ncrecords.wordpress.com/2019/01/14/new-retention-schedule-model-for-north-carolina-local-governments/.

This new Local Government General Records Schedule can be found on our website at https://archives.ncdcr.gov/government/retention-schedules/local-government-schedules and supersedes the correlating standards that were a part of previously approved local government agency schedules, so we have deleted those standards from the published version of this schedule.

If you have any questions, please contact a records management analyst in the Government Records Section of the State Archives of North Carolina.

STANDARD-5. PROGRAM OPERATIONAL RECORDS: ALL PROGRAMS
Records common to all departments of a public hospital.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-5: PROGRAM OPERATIONAL RECORDS: ALL PROGRAMS*		
	RECORD SERIES TITLE	*DISPOSITION INSTRUCTIONS*	*CITATION*
1.	**ACCREDITATION FILE** Records generated or accumulated to prove compliance with those standards outlined by accrediting agencies whether public or private. File includes survey results and inspection reports, notices of corrections, correction reports, and in-house surveys and testing done prior to the actual accreditation survey. File also includes public notices required by accrediting agencies and any additional supporting records necessary for the survey, inspection, and/or correction of deficiencies.	Destroy in office 3 years after next accreditation report is issued.	
2.	**CONSULTATIONS FILE** Summaries of consultations held with patients.	Transfer to appropriate clinical record upon completion.	
3.	**DAILY CHARGE REPORTS** Reports summarizing charges to daily in-patients.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
4.	**FOLLOW-UPS FILE** Records of follow-up appointments with patients.	Transfer to appropriate clinical record upon completion.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-5: PROGRAM OPERATIONAL RECORDS: ALL PROGRAMS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**INFECTION CONTROL RECORDS** Records created and/or received by a hospital's infection control program. File includes surgical and device infection investigation reports; training course content and the review and evaluation of all septic, isolation, and sanitation techniques used in the hospital; run and control charts; line listing; surveillance records and logs; infection control reports; and similar records which attempt to identify, report, and evaluate infections. File also includes records and reports of employees who may have been or were exposed to a communicable disease, their work restrictions, and estimated date of reinstatement.	a) See **STANDARD-1. AMINISTRATION AND MANAGEMENT RECORDS**, item 57 **REPORTS FILE** for disposition of infection control reports. b) Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
6.	**IN-SERVICE EDUCATION TRAINING RECORDS (PROGRAM)** Records concerning the development and administration of in-service education programs to improve competency of hospital personnel. File includes course schedules and curricula, attendance rosters, names of instructors, course materials, objectives and criteria, authorizations to participate in training programs, completion records and certificates of attendance, brochures announcing and describing training offered, and related records.	Destroy in office after 3 years.	
7.	**IN-SERVICE EDUCATION TRAINING RECORDS (PERSONNEL)** Records documenting the training of hospital personnel to improve competency in specific areas. File includes individual summary reports listing course number, date taken, course name, hours completed and total hours earned; credential, in-service, and competency records listing certifications received; credentials; mandatory in-service training; and competencies and other related records.	a) Transfer original records to the hospital's personnel office to be incorporated into employee's personnel file. b) Destroy in office reference copies when administrative value ends.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-5: PROGRAM OPERATIONAL RECORDS: ALL PROGRAMS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
8.	**LOGBOOKS** Logbooks documenting patient registration, medical record number, date, appointments, procedure, and all department activities.	Destroy in office when administrative value ends.	
9.	**PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE RECORDS** Records concerning quality assurance. File includes analyses of problems and lists of areas that need improvement, medication error reports, occurrence reports, incident reports, performance improvement summaries, critical pathways, and formal and informal data collection logs and records. (See also Item 10-**RISK MANAGEMENT RECORDS FILE**.)	Destroy in office when administrative value ends or after 3 years, whichever occurs first.	
10.	**RISK MANAGEMENT RECORDS FILE** Records created and/or received by a hospital's risk management program in accordance with **G.S. §131E-96**. File includes records of education and training of all non-physician personnel, analyses of patient grievances, incident review reports and records, risk management committee minutes, risk management plans and corporate policy directives, and procedures manuals giving guidance to hospital personnel on the care and treatment of patients to manage risks of injury to patients, visitors, employees, and property. These records are often vital to malpractice cases as they establish the conditions under which care was provided.	See **STANDARD-24. RISK MANAGEMENT RECORDS**. Destroy all records not covered in STANDARD-24 when administrative value ends or after 10 years, whichever occurs first.	
11.	**SCHEDULING FILE: MEDICAL PERSONNEL** Schedules for medical personnel including physicians, medical aides, nursing staff, and other support personnel who provide medical treatment. Schedules may be maintained on a daily, weekly, monthly or bimonthly basis.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-5: PROGRAM OPERATIONAL RECORDS: ALL PROGRAMS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
12.	**SCHEDULING FILE: PATIENTS** Lists of all patients seen or scheduled to be seen in the departments.	Destroy in office when superseded or obsolete.	
13.	**STATISTICAL MONTHLY REPORTS** Monthly statistical reports for all programs.	Destroy in office after 5 years.	
14.	**WEEKLY REPORTS** Weekly activity reports for all programs.	Destroy in office upon completion of biannual or annual summary report.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-6. PROGRAM OPERATIONAL RECORDS: BIOMEDICAL ENGINEERING RECORDS
Records concerning the service and repair of biomedical equipment used by public hospitals.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-6: PROGRAM OPERATIONAL RECORDS: BIOMEDICAL ENGINEERING RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**COST OF REPAIRS AND MAINTENANCE FILE** Spreadsheets and other related records concerning repair and maintenance costs of biomedical equipment.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	
2.	**INSPECTION OF BIOMEDICAL EQUIPMENT FILE** Results of inspections of biomedical equipment.	Destroy in office upon final disposition of equipment, or after 2 years, whichever occurs later.	
3.	**SERVICE RECORDS FILE** Test results, descriptions of work performed, and other related records concerning service to biomedical equipment.	Destroy in office 1 year after completion of work.	
4.	**WORK ORDERS** Work orders submitted for repairs to biomedical equipment.	Destroy in office 1 year after completion of work.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-7. PROGRAM OPERATIONAL RECORDS: BUSINESS OFFICE AND PATIENTS' FINANCIAL RECORDS
Records concerning insurance claims and payments, Medicare and Medicaid disbursements, medical bills, and other financial activities for patients served by the public hospital. See STANDARD-2. BUDGET AND FISCAL RECORDS guidelines for the disposition of records concerning routine hospital (non-patient related) financial activities.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-7: PROGRAM OPERATIONAL RECORDS: BUSINESS OFFICE AND PATIENTS' FINANCIAL RECORDS***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**ADJUSTED PATIENT ACCOUNTS** Records of adjustments to patients' bills and insurance claims.	a) Medicare/Medicaid patients: Destroy in office after 5 years and when released from all audits, whichever occurs later. b) All other patients: Destroy in office after 3 years and when released from all audits, whichever occurs later.	
2.	**BAD DEBT MEDICARE LOGS** Logs listing patients' accounts sent to collection agencies.	Destroy in office after 5 years and when released from all audits, whichever occurs later.	
3.	**INSURANCE CLAIMS FILE** Claim forms submitted to insurance companies.	a) Medicare/Medicaid patients: Destroy in office after 5 years and when released from all audits, whichever occurs later. b) All other patients: Destroy in office after 3 years and when released from all audits, whichever occurs later.	
4.	**INSURANCE PENDING REPORTS** Reports summarizing unpaid insurance claims.	a) Medicare/Medicaid patients: Destroy in office after 6 years and when released from all audits, whichever occurs later. b) All other patients: Destroy in office after 3 years and when released from all audits, whichever occurs later.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-7: PROGRAM OPERATIONAL RECORDS: BUSINESS OFFICE AND PATIENTS' FINANCIAL RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**MEDICAID LOGS** Logs listing payments made to healthcare providers by Medicaid.	Destroy in office after 5 years and when released from all audits, whichever occurs later.	
6.	**MEDICARE DISBURSEMENT REPORTS** Reports summarizing funds received from Medicare and the accounts to which they are posted.	Destroy in office after 5 years and when released from all audits, whichever occurs later.	
7.	**MEDICARE LOGS** Logs listing payments made to healthcare providers by Medicare.	Destroy in office after 5 years and when released from all audits, whichever occurs later.	
8.	**PAID-UP SLIPS OR ZERO BALANCES** Records documenting paid balances.	a) Medicare/Medicaid patients: Destroy in office after 5 years and when released from all audits, whichever occurs later. b) All other patients: Destroy in office after 3 years and when released from all audits, whichever occurs later.	
9.	**PATIENT REFUND LOGS** Logs listing refunds issued to patients and insurance companies.	a) Medicare/Medicaid patients: Destroy in office after 5 years and when released from all audits, whichever occurs later. b) All other patients: Destroy in office after 3 years and when released from all audits, whichever occurs later.	
10.	**PAYMENT VOUCHERS** Vouchers for payments received by patients and insurance companies.	a) Medicare/Medicaid patients: Destroy in office after 5 years and when released from all audits, whichever occurs later. b) All other patients: Destroy in office after 3 years and when released from all audits, whichever occurs later.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-8. PROGRAM OPERATIONAL RECORDS: CARDIOPULMONARY SERVICES RECORDS
Records concerning cardiopulmonary services.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-8: PROGRAM OPERATIONAL RECORDS: CARDIOPULMONARY SERVICES RECORDS***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**ARTERIAL BLOOD GAS LOGBOOKS** Logbooks showing results of blood tests to check oxygen and carbon dioxide levels. File also includes statistics on technician's accuracy levels.	Destroy in office when administrative value ends.	
2.	**ARTERIAL BLOOD GAS SLIPS**. File includes electronic copies of raw test and slips showing results of blood tests to check oxygen and carbon dioxide levels.	a) Transfer original slips and test results to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning adult patients 5 years from date of last service, if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-8: PROGRAM OPERATIONAL RECORDS: CARDIOPULMONARY SERVICES RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
3.	**CARDIOPULMONARY SERVICES: PATIENT LOGBOOK**. Records include logs for electrocardiograms, stress tests, RSV's, AVG's, carboxy hemoglobin, electroencephalograms, PFT's, blood gas, sonograms, and quality control. Logs document who ordered, performed, as well as the date, time, patient's account number, and whether in-patient or out-patient.	Destroy in office when administrative value ends.	
4.	**CARDIOPULMONARY SERVICES: STATISTICAL MONTHLY REPORTS** Reports documenting activity of the cardiopulmonary department.	Destroy in office after 5 years.	
5.	**ECHO REPORTS** Echocardiograms or sonograms of the heart. File includes test results, computer printouts of the test results, as well as electronic or videotape copy of the test performance.	a) Transfer test results to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**). b) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-8: PROGRAM OPERATIONAL RECORDS: CARDIOPULMONARY SERVICES RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
6.	**ELECTROCARDIOGRAM (EKG) TESTS** Results of the tests of the electrical impulses of the heart. File includes test results, computer printouts of the test results, as well as electronic or videotape copy of the test performance.	a) Transfer test results to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	
7.	**ELECTROENCEPHALOGRAM (EEG) LAB REPORTS** Results of electrical impulse brain wave. File includes test results, computer printouts of the test results, as well as electronic or videotape copy of the test performance.	a) Transfer test results to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-8: PROGRAM OPERATIONAL RECORDS: CARDIOPULMONARY SERVICES RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
8.	**PULMONARY FUNCTION TEST REPORTS (amended)** Lung function test results. File includes slips, computer printouts of the test results, as well as electronic copies or videotapes of the test performance.	a) Transfer test results to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	
9.	**STRESS TEST REPORTS** Electrocardiogram test results of patients who are exercising. File includes test results, computer printouts of test results, as well as electronic or videotape copy of test performance.	a) Transfer test results to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office remaining records and copies of the test, including electronic copies and videotape copies of the test, concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-8: PROGRAM OPERATIONAL RECORDS: CARDIOPULMONARY SERVICES RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
10.	**TECHNOLOGISTS' WORKSHEETS** Worksheets and checklists completed by technologists who conduct electroencephalograms.	Destroy in office when administrative value ends.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-9. PROGRAM OPERATIONAL RECORDS: CLINICAL RECORDS
Records concerning patient care at public hospitals.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-9: PROGRAM OPERATIONAL RECORDS: CLINCAL RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**ABSTRACTING REPORTS** Reports containing monthly, fiscal year, and calendar year executive summaries, summaries of service, death lists, diagnosis and procedure frequencies, and other related information.	Destroy in office when administrative value ends.	
2.	**ADMISSION/DISCHARGE/TRANSFER REPORTS** Records documenting the admission, discharge, and transfer of patients. Files may include lists of patient's name, age, sex, race, address, financial class, services received, admitting doctor, date admitted, date discharged, and date transferred, floor, room, and other related information.	Destroy in office when reference value ends or after 10 years, whichever is later.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-9: PROGRAM OPERATIONAL RECORDS: CLINCAL RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
3.	**ADULT RECORDS (INPATIENT AND OUTPATIENT)** Patient clinical records for adults served by the public hospital. File includes emergency room reports, admission records, physical examination and laboratory reports, medical and surgical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, living wills, authorizations to release patient information, pre-op checklists, and other related records.	a) Destroy in office 11 years from date of last service in accordance with NCAC 3C.3903(a) if no claim, audit, or other official action involving the records has been initiated.* b) Prior to destruction, public notice shall be made to permit former patients or their representatives to claim their own records in accordance with NCAC 3C.3903(d). Public notice shall be in at least two forms: written notice to the former patients or their representative and display of an advertisement in a newspaper of general circulation in the area of the facility.	
4.	**CANCER REGISTRY PROGRAM FILE** Records documenting the treatment of cancer patients. File includes patient indices, abstracts, summaries of follow-up examinations, logs, and/or created for statistical reporting purposes. File may include copies of original records found in **ADULT RECORDS (INPATIENT AND OUTPATIENT) FILE** and **PEDIATRIC RECORDS (INPATIENT AND OUTPATIENT) FILE**.	Retain in office permanently information with obvious historical value. Destroy in office remaining records when administrative value ends.	
5.	**CANCER REGISTRY DATABASE (ELECTRONIC FILE)** Electronic database used to transfer abstracted information on cancer patients to the North Carolina Department of Health and Human Services and/or the American College of Surgeons.	a) Back-up by copying all electronic files to magnetic tape, disk, or other machine-readable medium and storing the copy at a secure, protected, off-site location. Update those backup files periodically by erasing and/or exchanging them with media containing more current data. b) Erase or delete in office information concerning cancer patients when administrative value ends provided information has been transferred to the North Carolina Department of Health and Human Services and/or the American College of Surgeons, and receipt verified.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-9: PROGRAM OPERATIONAL RECORDS: CLINCAL RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
6.	**COMMUNICABLE DISEASE REPORTS** Report cards and supporting records of communicable diseases reported to the North Carolina Department of Health and Human Services. File includes patient's name, address, social security number, race, sex, and date of onset and information regarding the specific disease being reported.	Destroy in office after 3 years if not made part of a patient's clinical record.	
7.	**CORRESPONDENCE LOG** Logs and electronic records detailing patient-related correspondence, including patient release of records.	Destroy in office after 6 years.	
8.	**DEPARTMENTAL MINUTES** Meeting minutes and notes of departmental staff meetings.	Destroy in office after 3 years.	
9.	**FETAL MONITORING STRIPS** Records documenting the fetal heart rate.	a) Transfer original strips to patient's medical file. (See Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office duplicate copies when patient reaches 30 years of age and if the patient has not received medical services within the past 10 years, and if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-9: PROGRAM OPERATIONAL RECORDS: CLINCAL RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
10.	**PEDIATRIC RECORDS (INPATIENT AND OUTPATIENT)** Patient clinical records for pediatric patients (birth to eighteen years of age) served by the public hospital. File includes emergency room reports, admission records, physical examination and laboratory reports, medical and surgical treatment notes, discharge plans and summaries, patient transfer certifications, radiology and diagnostic imaging records, medication administration records, pre-op checklists, authorizations to release patient information, consent to test forms, fetal heart monitors, birth certificate worksheets, and other records concerning newborn infants, and other related records.	a) Destroy in office when patient reaches 30 years of age in accordance with 10 NCAC 3C.3903(b) if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* b) Prior to destruction, public notice shall be made to permit former patients or their representatives to claim their own records in accordance with NCAC 3C.3903(d). Public notice shall be in at least two forms: written notice to the former patients or their representative and display of an advertisement in a newspaper of general circulation in the area of the facility.	
11.	**QUALITY ASSURANCE REPORTS** Quality assurance reports.	Destroy in office after 3 years.	
12.	**RECORD COUNT LISTS** File includes a count of delinquent records and a delinquent records statistical report.	Destroy in office after 2 years.	
13.	**TRANSCRIPTION LOGS** Logs detailing transcription activities for physicians' notes.	Destroy in office after 3 months.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-10. PROGRAM OPERATIONAL RECORDS: FOOD SERVICE RECORDS
Records concerning food service at public hospitals.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-10: PROGRAM OPERATIONAL RECORDS: FOOD SERVICE RECORDS***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**CAFETERIA SURVEY FILE** Cafeteria surveys of food service programs.	Destroy in office every 3 months.	
2.	**CYCLE MENUS: PATIENT FILE** Food service menus for patients.	Destroy in office after 36 weeks.	
3.	**CYCLE MENUS: PATIENT MENU REQUESTS FILE** Patients' daily meal requests.	Destroy in office daily.	
4.	**CAFETERIA FILE** Food service menus for the hospital’s cafeteria.	Destroy in office after 36 weeks.	
5.	**DIETARY REPORTS** Production, commodity inventories, receipts, analysis, reimbursement/claim, verification, and similar reports created according to hospital administrative procedures or U.S. Department of Agriculture regulations. Reports may include a breakdown of total meals served, total invoices, food purchases, food cost per meal, meals created, nursing unit supplies, and supplemental foods used.	a) Retain in office 1 copy of annual and biennial reports permanently. b) Destroy in office all other reports after 3 years.	
6.	**DISCHARGE SLIPS** Record indicating that patient has been discharged from the hospital.	Destroy in office after 30 days.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-10: PROGRAM OPERATIONAL RECORDS: FOOD SERVICE RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
7.	**EDUCATION FUNCTION FILE** Licensing and certification verification.	Destroy in office after 2 years.	
8.	**ENVIRONMENTAL MONITORING RECORDS** Refrigerator temperature sheets and similar records used to monitor environmental conditions within food storage areas. File also includes any documentation regarding corrective actions taken to rectify problems.	Destroy in office after 3 years.	
9.	**FOOD COSTS FILE** Orders for food from vendors.	Destroy in office after 5 years and when released from all audits, whichever is later.	
10.	**FOOD SERVICE PROGRAMS FILE** Records concerning food service programs. File includes daily, weekly, and monthly reconciliation reports; patient count served; commodity inventory reports; receipt reports; analysis reimbursement/claim reports; verification reports; and other related records created according to U.S. Department of Agriculture regulations.	Destroy in office after 5 years and when released from all audits, whichever occurs later.	
11.	**INSECT TREATMENT REPORTS** Reports summarizing insect prevention and treatment activities in food service areas.	Destroy in office after 3 years.	
12.	**IN-SERVICE EDUCATION FILE** Department orientation, training and development materials.	Destroy in office after 3 years.	
13.	**INVENTORY REVIEW FILE** Yearly inventory of food.	Destroy in office after 3 years.	
14.	**MEAL PRODUCTION RECORDS** Daily meal production records, food costs and patient reports, and other related records.	Destroy in office after 1 year.	
15.	**NOURISHMENT SHEETS FILE** Doctor requested patient nutritional needs. Information is maintained on patient charts.	Destroy in office after 2 years.	
16.	**OMIT AND DELAY SHEETS FILE** Patient meals that are omitted or delayed due to surgery.	Destroy in office after 30 days.	

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ITEM #	STANDARD-10: PROGRAM OPERATIONAL RECORDS: FOOD SERVICE RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
17.	**PATIENT PREFERENCE FORM** Indicates patient's nutritional preferences and any food sensitivities.	Destroy in office after 3 years.	
18.	**PATIENT SURVEY** Patients' surveys of food service programs.	Destroy in the office after 2 years.	
19.	**PERFORMANCE IMPROVEMENT RECORDS** Customer complaints and satisfaction surveys, improvement plans and similar records used to manage, monitor, and improve a public hospital's food service program.	Destroy in office after 2 years.	
20.	**PRODUCTION SHEETS FILE** Meal production sheets showing number of items per meal and substitutions when given.	Destroy in office after 1 year.	
21.	**SAFETY SURVEY REPORTS AND COMMITTEE MEETINGS** Material Safety Data Sheets (MSDS) indicating potential chemical hazards in the cafeteria and committee training forms.	Retain in office permanently.	
22.	**SANITATION/INSPECTION REPORTS** Sanitation inspection results and reports.	Destroy in office after 3 years.	
23.	**SERVICE CHECKLIST** Check on food temperatures in the serving line.	Destroy in office after 3 years.	
24.	**USDA DONATED FOOD FILE** Food donated to hospitals by USDA.	Destroy in office after 5 years.	
25.	**VENDING MACHINE REPORTS** Reports summarizing vending machine usage.	Destroy in office after 2 years.	

STANDARD-11. PROGRAM OPERATIONAL RECORDS: INDICES
Indices maintained in various departments at the public hospital.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-11: PROGRAM OPERATIONAL RECORDS: INDICES***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**AMBULATORY INDEX** Ambulatory services index listing patients' names, date and time of arrival or treatment, physicians' names, medical record numbers, procedures performed, and other related information.	Destroy in office when reference value ends.	
2.	**DISEASE (DIAGNOSTIC) INDEX** Index of diseases diagnosed.	Destroy in office when reference value ends.	
3.	**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.	Retain in office permanently.	
4.	**OPERATIVE INDEX** Operative index listing patients' names, date and time of arrival or treatment, physicians' names, medical records numbers, procedures performed, and other related information.	Destroy in office when reference value ends.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-11: PROGRAM OPERATIONAL RECORDS: INDICES*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**PHYSICIANS INDEX** Physicians index listing patient's name, date and time of service, physicians' names, medical records numbers, procedures performed, and other related information.	Destroy in office when reference value ends.	

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STANDARD-12. PROGRAM OPERATIONAL RECORDS: LABORATORY SERVICES
Records concerning laboratory services and analyses conducted by public hospitals for inpatient and outpatient care.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-12: PROGRAM OPERATIONAL RECORDS: LABORATORY SERVICES***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**AUTOPSY AND SURGICAL PATHOLOGY RECORDS**: **ACCESSION RECORDS** Accession records concerning chain of custody of laboratory samples.	Destroy in office after 2 years.	
2.	**AUTOPSY AND SURGICAL PATHOLOGY: INSTRUMENT MAINTENANCE RECORDS** Maintenance summaries and logs for laboratory instruments and equipment.	Destroy in office upon final disposition of equipment, or after 5 years, whichever occurs later.	
3.	**AUTOPSY AND SURGICAL PATHOLOGY: PARAFFIN BLOCKS** Paraffin blocks containing autopsy and surgery samples.	Destroy in office after 10 years.	
4.	**AUTOPSY AND SURGICAL PATHOLOGY: PATHOLOGY REPORTS** Reports listing results of laboratory analyses on autopsy and surgery samples and slides.	Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**).	

ITEM #	*STANDARD-12: PROGRAM OPERATIONAL RECORDS: LABORATORY SERVICES*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**AUTOPSY AND SURGICAL PATHOLOGY: PATIENT CHARTS (LABORATORY COPY)** Copies of patient charts documenting the requisitioning, processing, testing, and reporting of patient specimens. File includes test requisition forms, accession records, slide loan/referral forms, and other related records concerning the performance of each step of a patient's testing.	Destroy in office after 2 years.	
6.	**AUTOPSY AND SURGICAL PATHOLOGY: SLIDES** Slides containing samples to be examined under a microscope.	Destroy in office after 10 years.	
7.	**AUTOPSY AND SURGICAL PATHOLOGY: WET TISSUE** Wet tissue samples.	a) Destroy in office samples from autopsies 3 months after completion of final report. b) Destroy in office samples from surgeries 30 days after completion of final report.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-12: PROGRAM OPERATIONAL RECORDS: LABORATORY SERVICES		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
8.	**CLINICAL LABORATORY RECORDS: BLOOD BANK RECORDS** Records used to monitor the process by which blood products are made available and used. File 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. File also includes blood collection and processing results; interpretations of all tests and re-tests; labeling; emergency release of blood; and equipment calibration and performance checks. File also includes transfusion reaction reports and complaints; investigations, errors and accident records; difficulties in blood typing reports; exposures to transmissible diseases; supplies and reagents including the disposition of rejected supplies; and reagents and the final disposition reports of blood products. (See 21 CFR 606.160, 606.165, and 606.170.)	Destroy in office no less than 5 years after the records of processing have been completed, or 6 months after the latest expiration date for the individual product, whichever occurs later, in accordance with 21 CFR 606.160(d). Retain in office permanently records concerning blood products with no expiration date.	
9.	**CLINICAL LABORATORY RECORDS: DONORS DEEMED UNSUITABLE FILE** Records used to identify unsuitable donors so that their blood products will not be distributed. (See 21 CFR 606.160(e)).	Retain in office for life of donor, then destroy.	
10.	**CLINICAL LABORATORY RECORDS: INSTRUMENT MAINTENANCE RECORDS** Maintenance summaries and logs for laboratory instruments and equipment.	Destroy in office upon final disposition of equipment, or after 5 years, whichever occurs later.	
11.	**CLINICAL LABORATORY RECORDS: LABORATORY REGISTER** Log of laboratory tests performed.	Retain in office permanently.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-12: PROGRAM OPERATIONAL RECORDS: LABORATORY SERVICES*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
12.	**CLINICAL LABORATORY RECORDS: PROFICIENCY TESTING FILE** Records used to attest the handling, preparation, processing, examination, and reporting of results for all proficiency testing. File includes testing report forms, records documenting testing failures and corrective actions, and other related records.	Destroy in office 2 years after date of the test.	
13.	**CLINICAL LABORATORY RECORDS: QUALITY CONTROL FILE** Records documenting each step in the processing and testing of all quality control samples to assure they are tested in the same manner as daily patient samples.	Destroy in office after 2 years.	
14.	**CLINICAL LABORATORY RECORDS: REPORTS** Reports listing results of laboratory analyses.	Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**).	
15.	**CLINICAL LABORATORY RECORDS: REQUESTS FOR LABORATORY TESTS** Requests to have laboratory tests performed.	Destroy in office after 2 years.	
16.	**CYTOLOGY RECORDS: ACCESSION RECORDS FILE** Accession records concerning chain of custody of laboratory samples.	Destroy in office after 2 years.	
17.	**CYTOLOGY RECORDS: INSTRUMENT MAINTENANCE RECORDS FILE** Maintenance summaries for laboratory instruments and equipment.	Destroy in office upon final disposition of equipment, or after 5 years, whichever occurs later.	
18.	**CYTOLOGY RECORDS: REPORTS** Reports listing results of laboratory cytological analyses.	Transfer original reports to patient's medical file(See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**).	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-12: PROGRAM OPERATIONAL RECORDS: LABORATORY SERVICES*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
19.	**CYTOLOGY RECORDS: SLIDES (NEGATIVE OR UNSATISFACTORY)** Slides containing negative or unsatisfactory samples.	Destroy in office after 5 years.	
20.	**CYTOLOGY RECORDS: SLIDES (SUSPICIOUS OR POSITIVE)** Slides containing suspicious or positive samples.	Destroy in office cytological stained slides after 5 years. Destroy in office fine needle aspiration slides after 10 years.	
21.	**DAILY WORKSHEETS/LOGS/REPORTS** Daily in-office worksheets, logs, or reports listing activities of laboratory employees.	Destroy in office after 2 years.	
22.	**INSTRUMENT MAINTENANCE FILE** Records concerning the maintenance of equipment. File includes daily function and performance checks, sterile technique checks, instrument calibrations per manufacturer's instructions, instrument printouts, and similar records.	Destroy in office records concerning repairs, parts replacement, or annual maintenance upon final disposition of equipment. Destroy in office all other records after 5 years.	
23.	**LABORATORY REPORTS** Autopsy, histology, pathology, chemistry, hematology, urinalysis, bacteriology, serology, cytology, and similar reports detailing the results of laboratory analyses.	Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).**	
24.	**LABORATORY PROCEDURES/PROTOCOL FILE** Records and manuals detailing procedures for conducting tests, disposing of specimens, reporting instructions, and similar information.	Destroy in office discontinued or superseded procedures after 2 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-13. PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS
Records concerning patient x-rays, radiation treatments, and similar activities at the public hospital.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-13: PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**APPOINTMENT LOGBOOKS** Logbooks listing appointments for radiation therapy or radiology.	Destroy in office after 2 years.	
2.	**CARDIAC CATHETER FILE** Test on coronary arteries. File includes film and electronic images produced during procedure and report of procedure.	a) Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office film and electronic images concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office film and electronic images concerning adult patients 5 years from date of last service, if no claim, audit, or other official action involving the records has been initiated.*	
3.	**CESIUM BOOK** Record of long-life radioisotope used to calibrate camera equipment.	Maintain record for length of license or registration of facility.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-13: PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
4.	**CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY** Records concerning radiation exposure levels of hospital staff. File includes film badge reports and other related records.	Transfer to employee's personnel file upon termination of employment.	
5.	**DAILY STATISTICAL SHEETS AND LOGS** Statistical sheets and logs documenting the number of patients given examinations during a given reporting period. Records list patient names, names of attending physicians, type and number of examinations performed, and other related information.	a) Retain in office 1 copy of each biennial and annual report permanently. b) Destroy in office remaining records after 3 years and when released from all audits, whichever occurs later.	
6.	**DOSES ADMINISTERED FILE** Logs or similar records documenting the amount of radiation given to patients.	a) Transfer to appropriate clinical record if patient is receiving radiation therapy. b) Destroy in office after 3 years if patient is not receiving radiation therapy.	
7.	**ELECTRONIC RADIOGRAPHIC FILE** Radiographic cases documented electronically. Film may be produced from during the test.	a) Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records).** b) Destroy in office film or electronic copy of test concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office records film or electronic copy of test for adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.*	
8.	**EQUIPMENT REGISTRATION** Registration information for radiology and radiation therapy equipment.	Destroy in office upon final disposition of equipment	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-13: PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
9.	**IMAGING SERVICES FILE** Nuclear medicine exams and imaging diagnostic tests, including CAT scans and MRI scans. File may include film and electronic images produced during the test.	a) Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**). b) Destroy in office film and electronic records concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office records film and electronic records concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.*	
10.	**MAMMOGRAM FILMS** Mammography films. File also includes x-rays, doctors' orders, and other related records.	a) If file is only mammogram on record, destroy in office 10 years from date of last service or when subsequent mammogram has been taken, whichever comes later, if no claim, audit, or other official action involving the records has been initiated. Transfer copy of report to patient's medical record, as per 10 NCAC 3C.390s.* b) Destroy in office 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated. Transfer copy of report to patient's medical record, as per 10 NCAC 3C.390s.*	
11.	**QUALITY CONTROL RECORDS** Records concerning a public hospital's quality control for radiology programs. File includes routine surveys, instrument calibrations and quality control tests, silver recovery records, and other related records.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-13: PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
12.	**RADIATION PROTECTION PROGRAM FILE** Records and reports documenting inspections by state and federal agencies, consultants, or radiology providers. File includes audit reports, review evaluations, proof of corrective actions taken, and program content and implementation records. File also includes radiation inspection reports completed by the N.C. Department of Environment and Natural Resources, Division of Radiation Protection.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	
13.	**RADIOLOGICAL FILM SIGN-OUT FILE** Records concerning the release of radiological films by a facility for review by another physician. Sign-out records list patient's name, type of film being released, where records were sent, date released, signature of person receiving exams, and other related information.	Destroy in office after 6 years.	
14.	**RADIOACTIVE MATERIALS RECEIPT AND DISPOSAL FILE** Records and reports concerning the receipt, return, and disposal of radioactive materials. Records list date received and returned, condition of packages, wipe test results, trigger levels, dose rates, names of individuals performing inspections, and other related information.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	
15.	**THERAPEUTIC RADIATION RECORDS** Records documenting a patient's treatment. File includes patient treatment records, dosimetry records, simulation films, treatment summary notes and other related information.	Follow disposition instructions for **ADULT RECORDS FILE** and **PEDIATRIC RECORDS FILE**., in **Standard-9, Program Operational Records: Clinical Records.**	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-13: PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
16.	**ULTRASOUND SERVICES FILE** Ultrasound diagnostic tests. File may include films and electronic images produced during the test.	a) Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**). b) Destroy in office film and electronic records concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office records film and electronic records concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.*	
17.	**WIPE TEST RECORDS** Area surveys, wipe test results, lists of actions taken and comments, and other related records.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	
18.	**X-RAY FILMS (DIAGNOSTIC) FILE** X-ray films created solely for diagnostic purposes.	Destroy in office when reference value ends.	
19.	**X-RAY FILMS (DUPLICATES) FILE** Duplicate x-ray films and x-ray reports.	Destroy in office when reference value ends.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-13: PROGRAM OPERATIONAL RECORDS: NUCLEAR MEDICINE, RADIATION THERAPY, AND RADIOLOGY RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
20.	**X-RAY FILMS** X-ray films. File also includes doctors' orders, x-ray reports, and other related records.	a) Transfer original reports to patient's medical file. (See Item 3, **Adult Records (Inpatient and Outpatient) File**, and Item 10, **Pediatric Records (Inpatient and Outpatient) File**, in **Standard-9, Program Operational Records: Clinical Records**). b) Destroy in office film and electronic records concerning pediatric patients when patient reaches 21 years of age, if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* c) Destroy in office film and electronic records concerning adult patients 5 years from date of last service if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-14. PROGRAM OPERATIONAL RECORDS: NURSING SERVICES RECORDS
Records maintained at nurses' duty stations.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-14: PROGRAM OPERATIONAL RECORDS: NURSING SERVICES RECORDS***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**AGENCY NURSE DATA FILE** Records concerning contracted temporary nursing services. File includes resumes, applications, orientation records, biographical information, and other related information.	a) Transfer original records to the hospital's personnel office to be incorporated into employee's personnel file if hired and follow disposition instructions outlined in **STANDARD-4**, **PERSONNEL RECORDS**. b) Destroy in office records concerning individual not hired 3 years after leaving service.	
2.	**CALL-IN REPORTS** Records concerning ambulance reports generated when the ambulance is used to transport a patient. File includes copies of ambulance run reports.	Destroy in office after 1 year.	
3.	**DAILY STAFFING RECORDS** Records and assignment sheets concerning nurse's floor assignments. File includes nurse's name and number of patients seen.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
4.	**EDUCATION SIGN-IN SHEETS FILE AND IN-SERVICE RECORDS** Records regarding attendance at in-house continuing education and related documentation.	Destroy in office after 3 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-14: PROGRAM OPERATIONAL RECORDS: NURSING SERVICES RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**EMERGENCY DEPARTMENT LOG** Records concerning individuals receiving services in the emergency department.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
6.	**EMERGENCY EQUIPMENT CHECKLISTS** Checklist regarding equipment reliability on the code cart, which is used for cardiac arrests.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
7.	**FLOAT ROSTERS** Lists of nurses sent to other units within the hospital. File includes nurse's name, unit sent to, hours worked, and time sent.	Destroy in office when reference value ends.	
8.	**FLOOR CENSUS RECORDS** Records used to track room usage. File includes number of patients per bed and number of rooms available. File also includes patient's name, doctor(s), and diagnosis.	Destroy in office after 1 years.	
9.	**NURSING STAFF MEETING MINUTES** Minutes of all committee meetings including Council of Nursing and supporting records.	Destroy in office after 3 years.	
10.	**OBSERVATION LOGS** Records concerning observation of patient in the hospital less than 24 hours.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
11.	**PATIENT CARE LOGS** Record of all patients receiving same-day surgery services. File includes same-day surgery logs, Intensive Care Unit (ICU) logs, post anesthesia care logs, patient observation logs, and other related records.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
12.	**PRIVATE DUTY CALL LISTS** Lists patient sitters used but not hired by the hospital.	Destroy in office when reference value ends.	
13.	**PRODUCTIVITY REPORTS** Productivity reports showing hours spent on and off task, total hours worked, vacation time taken, overtime, etc. File is used to determine shift scheduling needs.	Destroy in office after 1 year.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-15. PROGRAM OPERATIONAL RECORDS: OPERATING DEPARTMENT RECORDS
Records concerning operating department activities.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-15: PROGRAM OPERATIONAL RECORDS: OPERATING DEPARTMENT RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**CENTRAL STERILE SUPPLY RECORDS: BIOLOGICAL MONITOR NOTEBOOKS** Monitoring strips generated regarding the proper functioning of the autoclave equipment.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
2.	**CENTRAL STERILE SUPPLY RECORDS: BOUIE DICK TEST** Results of daily checks for sterilization effectiveness.	Retain in office permanently.	
3.	**CENTRAL STERILE SUPPLY RECORDS: MATERIAL SAFETY DATA SHEETS (MSDS)** Records documenting safety hazards found in materials used in the operating department.	Retain in office permanently.	
4.	**CENTRAL STERILE SUPPLY RECORDS: PRINTOUT LOGS FOR GAS STERILIZER** Logs documenting use of gas sterilization equipment.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
5.	**CENTRAL STERILE SUPPLY RECORDS: STEAM STERILIZER LOG** Logs documenting use of steam sterilization equipment.	Destroy in office upon final disposition of equipment.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-15: PROGRAM OPERATIONAL RECORDS: OPERATING DEPARTMENT RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
6.	**CENTRAL STERILE SUPPLY RECORDS: STERILIZER LOAD CARDS** Cards or other records documenting function of sterilization equipment.	Destroy in office upon final disposition of equipment.	
7.	**CLINICAL RECORDS (OPERATING DEPARTMENT COPY)** Copies of patients' clinical records.	Destroy in office after 7 years or when reference value ends, whichever occurs first.	
8.	**OPERATING ROOM LEGEND DEVICES FILE** Lists summarizing disposable or implanted devices that are imperfect.	Destroy in office upon final disposition of device.	
9.	**OPERATING ROOM LOGS** Logs listing patients who have had procedures performed in the operating room.	Destroy in office after 5 years if no claim, audit, or other official action involving the records has been initiated.*	
10.	**PREFERENCE FOR PHYSICIAN CARDS** Cards or other records listing physicians' preferences for certain types of cases.	Destroy in office when superseded or obsolete.	
11.	**TEMPERATURE AND HUMIDITY FILE** Results of periodic checks of operating rooms for temperature and humidity.	Destroy in office after 1 year.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-16. PROGRAM OPERATIONAL RECORDS: PHARMACY RECORDS
Records concerning operations of public hospital 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.)

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-16: PROGRAM OPERATIONAL RECORDS: PHARMACY RECORDS***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**ADVERSE DRUG REACTION REPORTS** Reports to the Food and Drug Administration (FDA) describing adverse drug reactions.	Destroy in office after 3 years.	
2.	**BIANNUAL INVENTORY OF CONTROLLED SUBSTANCES** Inventories of controlled substances.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	
3.	**CONTINUING EDUCATION FILE** Records documenting a practicing pharmacist's hours of continuing education completed. File includes all records and reports of accredited hours and certificates of credit.	Destroy in office after 3 years.	
4.	**DRUG DISTRIBUTION RECORDS** Records listing who filled and/or checked a medication at time of issuing or dispensing and other related information.	Transfer to appropriate clinical record after 1 year.	
5.	**DRUG DESTRUCTION RECORDS** Inventories of drugs destroyed, their amounts, and when destroyed.	Destroy in office after 3 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-16: PROGRAM OPERATIONAL RECORDS: PHARMACY RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
6.	**DRUG DISPOSAL RECORDS FILE** Records documenting the disposal or final disposition of all out-dated, improperly labeled, adulterated, damaged, or unwanted controlled and non-controlled substances, or drug containers with worn, illegible, or missing labels. (See G.S. §90-85.6; 90-85.21)	a) Non-controlled substances may be disposed of by returning them to the manufacturer, by incineration at the properly permitted facility, or by any other means approved by the Board of Pharmacy. b) Controlled substances may only be disposed of after written request has been approved by the Board of Pharmacy. Copies of destruction documents must be sent to the Drug Enforcement Administration. c) All records documenting the disposal of unwanted controlled and non-controlled substances may be destroyed in office after 3 years.	
7.	**DRUGS INVENTORIES** Inventories of controlled and non-controlled substances. File includes inventory reports, ancillary drug cabinet inventories, biannual and annual inventories, perpetual inventories, and similar records used to account for medication compounding and dispensing by pharmacies and locations outside the pharmacy.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	
8.	**INSURANCE CLAIM RECORDS** Insurance claim forms (including Medicaid), confirmation or denial reports, remittance and status reports, and similar records submitted by pharmacies for reimbursement.	a) Destroy non-Medicaid related records in office after 3 years and when released from all audits, whichever occurs later. b) Destroy Medicaid related records in office after 5 years and when released from all audits, whichever occurs later.	
9.	**INTRAVENOUS HOOD PERFORMANCE REPORTS** Records of the tests conducted on intravenous hood to ensure a sterile environment.	Destroy in office after 3 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-16: PROGRAM OPERATIONAL RECORDS: PHARMACY RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
10.	**MEDICATION ERRORS FILE** Records documenting the administration of an incorrect medication or dose. File includes pertinent chronological information, appropriate health care facility forms, and investigative reports including the identity of individual(s) responsible.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	
11.	**MEDICATION STORAGE INSPECTION REPORTS** Results of medication storage areas inspected on a routine basis including the removal of expired or expiring medication.	Destroy in office after 3 years.	
12.	**PATIENT MEDICATION PROFILE** Lists of all prescribed medications for each patient.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	
13.	**PHARMACEUTICAL CARE ASSESSMENT FILE** Records involving the interpretation and evaluation of a patient's drug therapy or other pharmaceutical care services. File includes on site drug and medication reviews and similar records.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	
14.	**PRESCRIPTION ORDERS** Prescription orders for controlled and non-controlled substances or other medication or a device for each patient. File includes patient's name, location, medical records number, medication name, strength, dosage form, date order was written, and signature of prescriber.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	
15.	**RECORDS OF EMERGENCY DEPARTMENT DISPENSING** Inventories of drugs dispensed in the Emergency Department.	Destroy in office after 3 years.	
16.	**RECORDS OF PRE-PACKAGED DRUGS** Inventories of pre-packaged drugs received in the pharmacy.	Destroy in office after 3 years.	
17.	**SCHEDULE II INVOICE AND RECEIVING FILE** Ordering and receiving records for schedule II controlled substances.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	See G.S. §90-90.

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-16: PROGRAM OPERATIONAL RECORDS: PHARMACY RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
18.	**SCHEDULE II, III, IV, AND V NARCOTICS USAGE FILE** Records documenting the use of schedule II, III, IV, and V controlled substances.	Destroy in office after 3 years if no claim, audit, or other official action involving the records has been initiated.*	See G.S. §90-90 through 93. Comply with applicable provisions of G.S. §90-85.36(c) regarding confidentiality of records kept in accordance with G.S. §90-93(d).
19.	**YEARLY DRUG INVENTORY** Annual inventories of all drugs in the pharmacy.	Destroy in office after 3 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-17. PROGRAM OPERATIONAL RECORDS: PHYSICAL, OCCUPATIONAL, RESPIRATORY, AND SPEECH/LANGUAGE THERAPY RECORDS
Records concerning physical, occupational, respiratory, and speech/language therapy programs.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-17: PROGRAM OPERATIONAL RECORDS: PHYSICAL, OCCUPATIONAL, RESPIRATORY, AND SPEECH/LANGUAGE THERAPY***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**CHARGE SLIPS** Records listing type, number, date, and cost of treatment; time spent with each patient; and other related information. This record is used as a data collection/input record.	Destroy in office 1 year from date of last service.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-17: PROGRAM OPERATIONAL RECORDS: PHYSICAL, OCCUPATIONAL, RESPIRATORY, AND SPEECH/LANGUAGE THERAPY		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
2.	**PATIENT RECORDS (INPATIENT AND OUTPATIENT) FILE** Records concerning physical, respiratory, occupational, and/or speech/language therapy services provided to patients by skilled staff. File includes registration records, evaluation and attendance forms, doctors' orders, questionnaires and outcome assessment forms, therapy notes, treatment records, progress notes, and other related records.	a) Destroy in office records concerning pediatric patients when patient reaches 30 years of age in accordance with 10 NCAC 3C.3903(b) if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* b) Destroy in office records concerning adult patients 11 years from date of last service in accordance with 10 NCAC 3C.3903(a) if no claim, audit, or other official action involving the records has been initiated.* c) Prior to destruction, public notice shall be made to permit former patients or their representatives to claim their own records in accordance with NCAC 3C.3903(d). Public notice shall be in at least two forms: written notice to the former patients or their representative and display of an advertisement in a newspaper of general circulation in the area of the facility.	
3.	**STATISTICAL REPORTS FILE** Reports listing number of modalities and visits per reporting period.	a) Retain in office 1 copy of each biennial and annual report permanently. b) Destroy in office remaining reports when reference value ends.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-18. PROGRAM OPERATIONAL RECORDS: PSYCHIATRIC RECORDS
Records concerning psychiatric patient care at public hospitals.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-18: PROGRAM OPERATIONAL RECORDS: PSYCHIATRIC RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**CLINICAL DISCHARGE SUMMARIES** Summaries of psychiatric patient discharges.	a) Destroy in office records for adult psychiatric patients 11 years after date of last service in accordance with 10 NCAC 3C.3903(a) if no claim, audit, or other official action involving the records has been initiated.* b) Destroy in office records for pediatric patients when patient reaches 30 years of age in accordance with 10 NCAC 3C.3903(b) if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	STANDARD-18: PROGRAM OPERATIONAL RECORDS: PSYCHIATRIC RECORDS		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
2.	**PATIENT CASE RECORDS FILE**. Records concerning psychiatric patients served by the public hospital.	**1.** Destroy in office records for adult psychiatric patients 11 years after date of last service in accordance with 10 NCAC 3C.3903(a) if no claim, audit, or other official action involving the records has been initiated.* **2.** Destroy in office records for pediatric patients when patient reaches 30 years of age in accordance with 10 NCAC 3C.3903(b) if patient has not received services within the past 10 years and if no claim, audit, or other official action involving the records has been initiated.* **3.** Destroy in office records for deceased patients 10 years after date of last service. **4.** Prior to destruction, public notice shall be made to permit former patients or their representatives to claim their own records in accordance with NCAC 3C.3903(d). Public notice shall be in at least two forms: written notice to the former patients or their representative and display of an advertisement in a newspaper of general circulation in the area of the facility.	
3.	**PSYCHIATRIC TEST ANSWER SHEETS FILE** Patients' answer sheets for psychiatric tests.	Destroy in office after 6 years.	
4.	**RECORDS OF PATIENTS DECLARED LEGALLY INCOMPETENT FILE** Records of patients declared legally incompetent.	Destroy in office 11 years from date of last service in accordance with 10 NCAC 3C.3903(a) if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-19. PROGRAM OPERATIONAL RECORDS: REGISTERS
Registers maintained in various departments at the public hospital.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-19: PROGRAM OPERATIONAL RECORDS: REGISTERS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**AMBULATORY REGISTERS** Ambulatory services registers listing patients' names, date and time of arrival or treatment, physicians' names, medical records numbers, procedures performed, and other related information.	Destroy in office after 10 years if no claim, audit, or other official action involving the records has been initiated.*	
2.	**EMERGENCY ROOM REGISTERS** Emergency room registers listing patients' names, date and time of arrival or treatment, physicians' names, medical records numbers, procedures performed, and other related information.	Destroy in office after 10 years if no claim, audit, or other official action involving the records has been initiated.*	
3.	**NUMBER CONTROL REGISTERS** Number control register listing number assigned to a patient's medical records when they are admitted to the public hospital.	Destroy in office after 10 years.	
4.	**OBSTETRICS REGISTERS** Obstetrics registers listing patients' names, date and time of arrival or treatment, physicians' names, medical records numbers, procedures performed, and other related information.	Destroy in office after 10 years if no claim, audit, or other official action involving the records has been initiated.*	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-19: PROGRAM OPERATIONAL RECORDS: REGISTERS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**OPERATIVE REGISTERS** Operative registers listing patients' names, date and time of arrival or treatment, physicians' names, medical records numbers, procedures performed, and other related information.	Retain in office permanently.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-20. PROGRAM OPERATIONAL RECORDS: SOCIAL SERVICES AND ACUTE CARE RECORDS
Records concerning social service and acute care programs at public hospitals.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-20: PROGRAM OPERATIONAL RECORDS: SOCIAL SERVICES AND ACUTE CARE RECORDS*		
	RECORD SERIES TITLE	*DISPOSITION INSTRUCTIONS*	*CITATION*
1.	**APPROVAL FOR NURSING HOME PLACEMENT (FL-2) FILE** Completed forms approving patients' placement in nursing homes.	Destroy in office after 3 years.	
2.	**MONTHLY HOME HEALTH REPORTS** Monthly reports listing home health activities overseen by the public hospital. File includes in-home services follow-up forms and similar records.	Destroy in office after 3 years and when released from all audits, whichever occurs later.	
3.	**PATIENT CONFERENCE RECORDS** Summaries of conferences with patients. File includes progress notes, discharge planning records, crisis consulting records, abuse-neglect reports, involuntary commitment reports, patient assessments, and similar records.	a) Transfer original records to appropriate clinical record following conference. b) Destroy in office copies after 2 years.	
4.	**PATIENT TRACKING RECORDS** Records used to track patients receiving care through a hospital's social service program. File includes patient's name and address, room number, consultation date, placement information, and similar records.	Destroy in office after 3 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-20: PROGRAM OPERATIONAL RECORDS: SOCIAL SERVICES AND ACUTE CARE RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
5.	**REFERRAL TO COUNTY DEPARTMENT OF SOCIAL SERVICES (PA-400)** Completed forms used as referrals to county departments of social services for patients who may be eligible for Medicare.	Destroy in office after 4 years.	
6.	**REFERRAL WORKSHEET FOR DISCHARGE PLANNING** Completed forms detailing the recovery regiment that a patient should follow once discharged.	Destroy in office after 3 years.	
7.	**SOCIAL WORK REPORTS** Performance improvement, statistical, outcome of service plan, qualitative data, tracking, and similar report.	a) Retain in office 1 copy of biennial and annual reports permanently. b) Destroy in office all other reports after 3 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-21. PROGRAM OPERATIONAL RECORDS: UTILIZATION REVIEW RECORDS
Committee records regarding the utilization of hospital staff, programs, and resources.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	***STANDARD-21: PROGRAM OPERATIONAL RECORDS: UTILIZATION REVIEW RECORDS***		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
1.	**ADMISSION LOGS** Logs listing all admissions into the public hospital.	Destroy in office after 3 years.	
2.	**AUDIT REPORTS** Reports summarizing findings of audits of public hospital operations.	a) Retain in office permanently 1 copy of each audit report. b) Destroy in office remaining copies when administrative value ends.	
3.	**BLOOD/TISSUE UTILIZATION COMMITTEE MINUTES** Review of blood and tissue usage.	Retain in office permanently.	
4.	**COMPLIANCE COMMITTEE MINUTES** Records concerning Medicare and Medicaid compliance.	Retain in office permanently.	
5.	**CREDENTIALING COMMITTEE MINUTES** Records concerning the credentialing process for doctors becoming members of the medical staff.	Retain in office permanently.	
6.	**DAILY MEDICARE AND MEDICAID LOGS** Record of money paid to provider by Medicaid or Medicare.	Destroy in office after 5 years.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

ITEM #	*STANDARD-21: PROGRAM OPERATIONAL RECORDS: UTILIZATION REVIEW RECORDS*		
	RECORD SERIES TITLE	***DISPOSITION INSTRUCTIONS***	***CITATION***
7.	**EXECUTIVE COMMITTEE OF MEDICAL STAFF MINUTES** Records of committee handling problems on the medical staff.	Retain in office permanently.	
8.	**FINANCIAL CLASSIFICATION LOGS** Logs listing financial classifications applicable to patients.	Destroy in office when superseded or obsolete.	
9.	**PATIENT ABSTRACT RECORDS** Abstracts of codes used to track both patient billing and types of diseases diagnosed, and are used to report this information to insurance companies.	Destroy in office after 1 year.	
10.	**MATERNAL AND CHILD HEALTH COMMITTEE MINUTES** Records regarding birthing methods in public hospital's birthing centers.	Retain in office permanently.	
11.	**PRIVATE PAID DISCHARGES FILE** Record used to track those patients who pay their bill without insurance or Medicare.	Destroy in office after 3 years.	
12.	**TRANSFER AND DISCHARGE LISTS** Lists summarizing transfers and discharges of patients.	Destroy in office after 1 year.	
13.	**UTILIZATION COMMITTEE MEETING MINUTES** Minutes of meetings of the public hospital's utilization committee.	Retain in office permanently.	
14.	**UTILIZATION REVIEW PLANS** Plans for utilization review.	Destroy in office when superseded or obsolete.	

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

STANDARD-22. PROGRAM OPERATION RECORDS: VITAL RECORDS
Birth and death records created by the public hospital.

In accordance with **G.S. §131E-97**, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in **G.S. §132-6**. This exemption includes financial records concerning charges, accounts, credit histories, and other personal financial records. Similarly, this statute exempts records acquired in connection with the credentialing and peer review of persons having or applying for privileges to practice in the hospital, and records concerning competitive health care activities by or on behalf of the hospital, from public inspection. Custodians also should be familiar with Title 10 North Carolina Administrative Code (NCAC) 3C.3902 and 3903, which outline responsibilities of medical records managers, and **G.S. §8-53** (confidentiality of communications between physicians and their patients).

ITEM #	*STANDARD-22: PROGRAM OPERATION RECORDS: VITAL RECORDS*		
	RECORD SERIES TITLE	*DISPOSITION INSTRUCTIONS*	*CITATION*
1.	**BIRTH RECORDS BIRTH REGISTER** Registers listing all births at the public hospital.	Retain in office permanently.	
2.	**BIRTH RECORDS: LOG OF DELIVERY ROOM ACTIVITIES** Logs listing delivery room activities.	Retain in office permanently.	
3.	**DEATH REGISTERS** Registers listing names of decedents, date of death, and other related information.	Retain in office permanently.	(G. S. §130A-117)

** Records may be disposed of following minimum retention period only if released from audits or other official action (excluding litigation). If applicable, see litigation case file, STANDARD-1. ADMINISTRATIVE AND MANAGEMENT RECORDS, item 37. Even though the retention period for any patient clinical record may have been met as described herein, if a notice of claim or lawsuit has been made, all patient clinical records pertaining to the case shall be retained until final disposition of the claim or litigation (including appeals).*

DCR-DAH-ARS
RSB-99C/M
(rev.3/97)

Reproduce this form as needed.

North Carolina Department of Cultural Resources
Division of Historical Resources
Government Records Branch
PUBLIC RECORDS SERIES LISTING

PURPOSE: This form is used to request establishment of or change in an existing records retention and disposition schedule for a public record series as required by G.S. 121 and 132. Based on the information you supply, an appraisal of the records will be made and a draft retention schedule prepared for your agency's review. The approved schedule will be your agency's legal authorization to destroy and transfer public records.

INSTRUCTIONS:
1. Complete a separate copy of this form for each individual records series.
2. To complete this form please type or print clearly.
3. Complete every section of this form for each records series.
4. Send to State Records Center (215 N. Blount Street) via interoffice mail, state courier service (#51-81-20), or USPS to 215 N. Blount Street, Raleigh, NC 27601-2807, or FAX to 919-715-3627
5. Questions? Need help? Phone (919) 814-6900. Ask for your Records Analyst.

1. Department:

2. Division: **3. Section:**

4. Branch: **5. Unit:**

6. Changes Requested to Item Number: _____
☐ **Title** ☐ **Description** ☐ **Disposition instructions**
☐ **Delete item.**
☐ No records in this series exist.
☐ Records have been transferred to _____

7. ☐ **Add new item**

8. Proposed title: _____

9. Medium of the records:

ORIGINAL	REFERENCE	
☐	☐	These are paper records.
☐	☐	These are electronic records.
☐	☐	These records are ☐ microfilm ☐ microfiche.

NO	YES	
☐	☐	**10.** Records contain confidential information. If yes, list the statutory or regulatory provision: _____
☐	☐	**11.** Record series is ☐input to ☐ output from a computer file. If yes, is that computer file listed on this office's Records Retention Schedule? Item _____. If no, complete a separate Public Series Listing form for that computer file.
☐	☐	**12.** Record series is subject to ☐ State ☐ Federal audit.
☐	☐	**13.** Record series is a vital record. Explain. _____

Description, purpose, and use of record series:

14. What are these records about? What function or activity do records concern?

15. List some of the specific types of records (correspondence, publications, maps, job applications) included in this series.

16. What specific information is input to computer file?

17. Proposed retention period for record series:
☐ Destroy in office ☐ after ___ years.
☐ Destroy in office when ☐ administrative or ☐ reference value ends.
☐ when superseded or obsolete.
☐ Retain in office permanently.
☐ ☐ Microfilm ☐ scan records. Original records will be ☐ retained ☐ destroyed after quality control procedures are completed.
☐ Other: ____________________

18. Your name and title: ____________________ **19. Phone:** __________ **20. Date:** _____
21. Your address: ____

DCR-DAH-ARS-RSB (Reproduce this form as needed)
FORM-RC-3C

NORTH CAROLINA DEPARTMENT OF CULTURAL RESOURCES
DIVISION OF HISTORICAL RESOURCES, GOVERNMENT RECORDS BRANCH

REQUEST FOR CHANGE IN RECORDS SCHEDULE

INSTRUCTIONS: Use this form to request a change in the records retention and disposition schedule governing the records of your agency. Prepare in duplicate for each change desired. Send signed original to the Assistant Records Administrator, Government Records Branch, 4615 Mail Service Center, Raleigh, NC 27699-4615. Keep copy for your file. A proposed amendment will be prepared and submitted to the appropriate state and local officials for their approval and signature. On approval, the signed copies of the amendment will be furnished to all parties for insertion in their copy of the schedule.

CHANGE REQUESTED (Check one)

____Add new item ____Delete existing item ____Change retention period

---

NAME OF COUNTY AND AGENCY

TITLE OF RECORDS SERIES IN SCHEDULE OR PROPOSED TITLE

SCHEDULE REFERENCE (If any)

Standard Number___ Page___ Item Number______None_ ____

INCLUSIVE DATES OF RECORDS **VOLUME OF RECORDS IN LINEAR INCHES**

DESCRIPTION OF RECORDS

PROPOSED RETENTION PERIOD

NAME, TITLE, AND SIGNATURE OF REQUESTER **TELEPHONE NUMBER** **DATE**

North Carolina Department of Cultural Resources
Division of Historical Resources
Government Records Branch

REQUEST AND APPROVAL OF UNSCHEDULED RECORDS DISPOSAL

Date: __________

TO: Assistant Records Administrator
N.C. Division of Historical Resources
Government Records Branch
4615 Mail Service Center
Raleigh, NC 27699-4615

FROM: ____

In accordance with the provisions of G.S. 121 and 132, approval is requested for the destruction of records listed below.
These records have no further use or value for official or administrative purposes.

RECORDS TITLE	DESCRIPTION	INCLUSIVE DATES	QUANTITY	MICROFILMED? (YES OR NO)	RETENTION PERIOD

Requested by: __________________, __________________, __________
Signature Title Date

Approved by: __________________, __________________, __________
Signature Mayor/Head of Governing Board Date

Concurred by (except as indicated):

___________________________, Assistant Records Administrator

N.C. Division of Archives and History Date

(Reproduce this form as needed)

REQUEST FOR DISPOSAL OF ELECTRONIC DATA PROCESSING PUBLIC RECORDS

Date:_________________

To: Assistant Records Administrator
Government Records Branch
4615 Mail Service Center
Raleigh, NC 27699-4615

From:

Subject: Request for approval to dispose of electronic data processing public records and applicable documentation.

In accordance with the provisions of G.S. 121 and 132, approval is requested for the destruction of the records listed below. These records have no further use or value for official or administrative purposes.

Type or Print Legibly-Need Help: Call (919) 814-6900-Ask for Local Records Analyst

Title and Description of Records	Inclusive Dates	Number of Tapes Disks	Master (M) or Processing (P) Files M P	Present Retention Period

Requester's Signature and Telephone | Title | Date

Signature of approving Agency Official | Title | Date

For Department of Cultural Resources Use only

☐ Concur
☐ Do Not Concur, Explanation Attached

Name and Signature | Title | Date

N.C. Division of Archives and History

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