

Socioeconomic tips of the month

Record retention

As a practicing surgeon, you understand the importance of maintaining a patient's medical record. However, if you decide to close your surgical practice, are you aware of the proper retention and storage requirements for the patient's health information?

This is an important consideration, as the surgeon needs to ensure that patients, health care providers, and other legitimate users have access to health information, while maintaining patient confidentiality.

Recommendations

First, the surgeon should complete the patients' medical records in order to maintain future continuity of care. The surgeon should ensure that all dictated operative notes, laboratory and pathology results, referrals, radiology results, and so on are filed within the patient's medical record. The surgeon should accomplish this task before transferring or storing the medical records.

Second, the surgeon should notify patients of the decision to close the practice. This can be accomplished through a simple letter or by placing an announcement in the local newspaper informing patients of the decision to close. This provides patients with the opportunity to obtain copies of their medical record before the surgeon transfers records to a storage facility or, if feasible, to another surgeon. When a surgeon closes a practice, he or she does not have to retain medical records outside of the parameters specified by law. Therefore, it is important to first review current state retention requirements. Other retention requirement articles may be referenced; however, keep in mind that some of the data may be outdated. It is advisable that the surgeon become familiar with state retention requirements.

As a surgeon remains liable for disclosure of health information, whether the disclosure is accidental or not, during or after closure of a practice, medical records should be transferred or stored by knowledgeable and reputable resources for the required retention time. There-

fore, it is helpful to become familiar with the agencies that provide retention criteria. There are federal retention requirements, state laws or regulations, accreditation agency retention standards (for example, the Joint Commission on Accreditation of Healthcare Organizations) and the American Health Information Management Association's (AHIMA) recommendations. As retention standards vary by state, it is too difficult to list each state retention requirement individually. It is advisable to first check your state's current laws regarding record retention. Individual state regulations can be obtained by accessing the Web site: www.alllaw.com/state_resources/. For additional retention advice, the *Journal of AHIMA* published an article listing the various guidelines and individual state laws for patient health information retention. This article, "Practice Brief: Protecting Patient Information after a Facility Closure," published March 1999, may be obtained by contacting AHIMA at www.ahima.org/journal/pb/99.03.html.¹ Also available from AHIMA is "Practice brief: Retention of health information," at www.ahima.org/journal/pb/99.06.html.²

Retention schedule

The majority of states have specific record retention requirements; however, in the absence of state retention requirements, patient health information should be retained for at least the period specified by a state's statute of limitations, if not longer, for both minors and adults. In the absence of specific state retention requirements, AHIMA created recommendations regarding established minimum time periods for retaining patient health information (see table, next page).

Closure of a practice with a sale

If the decision is made to sell the practice to another surgeon, then the medical records may be considered assets. In this instance, the medical records can be included in the practice valuation. As part of the agreement to sell, the surgeon should include the right to access the

Retention schedule

Health information	Recommended retention period
Diagnostic images (e.g., X rays)	Five years
Disease index	10 years
Fetal heart monitor records	10 years after the infant reaches age of majority
Master patient/person index	Permanently
Operative index	10 years
Patient health/medical records (adults)	10 years after most recent encounter
Patient health/medical records (minors)	Age of majority plus statute of limitations
Physician index	10 years
Register of births	Permanently
Register of deaths	Permanently
Register of surgical procedures	Permanently

records and retrieve copies, if needed, for any reasonable purpose. If a surgeon requests copies of medical records, a fee for retrieval and copying of records may be charged.

Closure of a practice without a sale

If the decision is made to dissolve the practice without selling to another surgeon, then either the medical records can be transferred to another surgeon who has agreed to maintain responsibility for the records, or they can be archived. If the decision is made to transfer the medical records to another surgeon, a written agreement should specifically outline terms and obligations. The new surgeon should agree to maintain the medical records according to specific retention requirements and permit access by authorized persons. It is recommended that, if another surgeon can maintain the records, this method be used, as the expense of storage and retrieval of records can be costly.

If the decision is made to archive or store the records, the surgeon should remember the need to maintain patient confidentiality and the need to assure future access of a patient's health information by patients, health care providers, physicians, and other legitimate users.

Additionally, a surgeon may wish to check with

state archives or health departments, as some may store medical records from a dissolved practice. A directory of state health officials in state health departments may be obtained by referring to the Web site www.health.gov/hpcomments/Guide/state_PH.htm. If this option is unavailable, then records should be stored with a reputable storage firm if a surgeon has not agreed to maintain the records. Before placing records with a storage firm, the surgeon should verify the firm's experience in maintaining patient confidentiality and the ability of legitimate users to access the information. Prior to archiving or storing records, the surgeon should create a written contract specifically outlining the terms and obligations of using a storage facility. The surgeon should be aware that there will be fees for copying or reproducing the records. This amount should be specified in the contract.

Helpful tips

Before closing a practice, the surgeon may wish to contact professional organizations such as the state licensure board for guidelines and recommendations. Also, it is advisable to obtain legal counsel to help assure compliance with state laws. In larger practices and managed care systems, it

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Update your information online

The College has developed a program through which Fellows can update and edit their individual listings (including addresses, telephone and fax numbers, and e-mail addresses).

Please visit the College's Web site at <http://www.facs.org/members/members.html>. Fellows will need their eight-digit identification number to input the information. Once you

have entered the information, your Fellowship record in the College membership database will automatically be updated. There is no need to notify the College offices.

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is advised that the surgeon contact the director of health information management for advice on how to proceed with record retention. 

The American College of Surgeons would like to thank Beth Hjort, RHIA, Professional Practice Manager, AHIMA, for her review and comments.

This column responds to questions from the Fellows and their staffs, and provides useful tips for surgical practices. Developed by the College staff and consultants, this information will be accessible on our Web site for easy retrieval and future access. If there are topics that you would like to see addressed

in future columns, please contact the Health Policy and Advocacy Department, tel. 202/337-2701, fax 202/337-4271; or e-mail Health Policy Advocacy @facs.org.

References


1. Brandt M: Practice brief: Protecting patient information after a facility closure (updated). *Journal of AHIMA*, March 1999. Web site: <http://www.ahima.org/journal/pb/99.03.html>.
2. Fletcher D: Practice brief: Retention of health information (updated). *Journal of AHIMA*, June 1999. Web site: <http://www.ahima.org/journal/pb/99.06.html>.

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