

TITLE

OFFICIAL RECORDS DESTRUCTIONSCOPE

Provincial

APPROVAL AUTHORITY

Corporate Services Executive Committee

SPONSOR

Health Information Management

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Records Management Policy (#1133)

DOCUMENT

1133-02

INITIAL EFFECTIVE DATE

November 26, 2010

REVISION EFFECTIVE DATE

October 16, 2019

SCHEDULED REVIEW DATE

October 16, 2022

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To minimize the risks associated with the **destruction** of **official records** by ensuring **records** are destroyed in a safe, **secure**, and timely manner.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Authorization of Destruction**

- 1.1 Destruction or deletion of official records shall not take place without prior authorization from Records and Information Management and the business owner of the records.
- 1.2 Business owners shall provide a listing of official records due for destruction and proof of eligibility for destruction from the *Records Retention* Schedule to Records and Information Management for approval.
- 1.3 Official records with a final disposition of “selective retention” may be eligible for an extended retention period or a permanent retention designation. Business owners may apply to Records and Information Management for an extended retention period at the time the records are eligible for destruction. The AHS Archivist may assign permanent retention to selected official records.

- 1.4 Official records converted to a different format or media are not eligible for destruction until all applicable records management procedures have been followed with respect to **conversion** to the new format.

2. Secure Onsite or Office Destruction

- 2.1 The business owner with responsibility for a **department's** official records shall complete and sign a *Records Destruction Authorization Form*, which shall be submitted to Records and Information Management before destruction or deletion is commenced.
- 2.2 Official records shall be placed in a secure location prior to destruction (e.g., locked shredding bins, boxes, cabinets, or file rooms) and clearly labelled. Boxes containing official records for destruction that are not located in secure shredding bins shall be clearly labelled.
- 2.3 Official records shall be destroyed by making them unreadable. Appropriate methods for destroying:
- a) paper records include incinerating, shredding, pulping, and pulverizing by an AHS-approved third party destruction service provider;
 - b) electronic records is through regular, permanent deletion; and
 - c) physical storage media, other than paper, include pulverizing, incinerating or granulating by an AHS-approved third party destruction service provider.
- 2.4 Where official records have been removed for destruction by an AHS-approved third party destruction service provider, the destruction service provider shall sign the *Records Destruction Authorization Form* in advance of destruction and provide Records and Information Management with a destruction certificate.

3. Destruction of Official Records in Offsite Storage

- 3.1 Records and Information Management shall periodically review offsite records storage holdings for official records that are due for destruction.
- 3.2 Records and Information Management shall notify business owners when official records are eligible for destruction and obtain their approval. Approval can be via signature on a destruction approval memo or via email from the business owner.
- 3.3 Where there is inadequate description information with the offsite records, business owners shall cooperate with Records and Information Management in reviewing destruction approval memos and provide required information where listings are incomplete.
- 3.4 Records and Information Management shall consider business owners that do not respond within one (1) month to a destruction approval memo to have

provided tacit approval for destruction. Tacit approval shall be indicated on the destruction approval memo.

- 3.5 Records and Information Management shall place a destruction order with the offsite storage facility or destruction service provider once approval for destruction has been obtained.

4. Proof of Destruction

- 4.1 Records and Information Management shall maintain a permanent list of all authorized destruction. Proof of destruction consists of:
- a) completed *Records Destruction Authorization* Forms and destruction file lists for onsite office destruction; and
 - b) completed destruction approval memos and signed destruction orders for internal and external storage facilities.
- 4.2 Electronic records repositories shall have the ability to produce a report that identifies what has been deleted, date of deletion, and its authorization.

5. Legal Hold

- 5.1 Destruction of records, including **transitory records**, shall not commence or shall cease with knowledge of, or notification of a **legal hold** (see the *Legal Hold* and *Transitory Records* Procedures).

DEFINITIONS

Conversion means process of changing records from one format to another while maintaining the characteristics of the record. (ISO 13008:2012)

Department means AHS functional areas of accountability including, but not limited to portfolios, divisions, areas, groups, zones, sites, facilities, sectors, sections, departments, programs, units, and teams.

Destruction means the disposal of records by incineration, maceration, pulping, granulizing, shredding, or otherwise with the objective of obliteration beyond any possible reconstitution.

Legal hold means a hold placed on the scheduled destruction of records due to foreseeable or pending litigation, governmental investigation, audit, or special organizational requirements as initiated in accordance with the *Legal Hold* Procedure.

Official record means the instance of a record that has the force of an original record and is authoritative, final, and complete.

Record means documents, data or information of any kind, in any medium (e.g., paper, digital, and audio-visual media), and in any format (e.g., documents, spread sheets, databases, emails, blogs, wikis, and website pages) created, received, recorded, and maintained by Alberta Health

Services as part of its services or business. This definition includes health records, but does not include computer software or any mechanisms that produce records.

Secure means a condition in which reasonable security measures are in place to protect against risks such as unauthorized access, use, disclosure, modification, and/or destruction of the information.

Transitory Record means records that do not need to be retained to meet operational, legal, regulatory, fiscal or other requirements. Transitory records do not document client care, document a decision or transaction, support business activities, provide evidence of compliance with legislative requirement, nor have future business, financial, legal, research or archival value to AHS (See the *Transitory Records Procedure*).

REFERENCES

- Alberta Health Services Governance Documents:
 - *Electronic Records Conversion and Migration Recordkeeping Procedure* (#1133-05)
 - *Records Management Policy* (#1133)
 - *Records Retention Schedule* (#1133-01)
 - *Legal Hold Procedure* (#1133-04)
 - *Transitory Records Procedure* (#1133-03)
- Alberta Health Services Forms:
 - *Legal Hold Notice Form* (#1934)
 - *Records Destruction Authorization Form* (#08939)
 - *No Blood Transfusions or Blood Products Form* (#18009)
- Alberta Health Services Resources:
 - Access & Disclosure (Health Information Management): disclosure@ahs.ca
 - Information and Privacy: privacy@ahs.ca
 - Records & Information Management (RIM): RIM@ahs.ca
 - Whistleblower Line (Confidential): 1-800-661-9675
- Non-Alberta Health Services Documents:
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)
 - *Information and documentation* – Electronic records conversion and migration process [ISO 13008:2012(E)] (International Organization for Standardization)

VERSION HISTORY

Date	Action Taken
October 16, 2019	Revised, includes change in Title from "Records Destruction"
Click here to enter a date	Optional: Choose an item

Cranston Ridge Medical Clinic (CRMC)

Policy Title: Official Records Destruction

Effective Date: 15 October 2019

Review Date: 14 October 2029

Approved By: Medical Director

Applies To: All CRMC Staff, Contractors, Physicians, Nurses, Students, and Volunteers

1. Objective

To establish standards for the secure and authorized destruction of official records held by CRMC. This includes both patient health records and administrative documents.

The destruction process must ensure that records are obliterated beyond reconstitution, and in compliance with retention schedules and legal obligations.

2. Authorization of Destruction

Records cannot be destroyed without documented approval from the Medical Director or their designate.

All destruction requests must be submitted using the CRMC Records Destruction Authorization Form and accompanied by proof of eligibility based on the retention schedule.

3. Secure Destruction Methods

- Paper records: Cross-cut shredding, pulping, or secure third-party incineration.
- Digital records: Secure erasure using industry-standard deletion protocols.
- Other media (CDs, USBs): Physical destruction such as crushing or incineration.

4. Records in Offsite Storage

CRMC periodically reviews offsite storage inventories and will notify departments when records are eligible for destruction.

Tacit approval for destruction may apply when no response is received within 30 days.

5. Documentation and Proof

Destruction events must be documented in the EMR relative to the interested patient with the following: record type, quantity, date of destruction, method used, and witness.

These records will be stored permanently in the EMR.

6. Legal Hold

Any records subject to investigation or legal hold shall not be destroyed. Staff must consult legal or the Medical Director in such cases.

7. References

- Health Information Act (Alberta)
- FOIP Act
- CRMC Retention Schedule