

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Use, Disclosure and Disposal of PHI	Policy 4.12
Guidelines for Disposal and Destruction of Protected Health Information	Effective Date: May 18, 2016 Revised Date: February 20, 2017
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

It is the policy of the Texas Tech University Health Sciences Center (TTUHSC) to secure confidentiality of protected health information released (PHI) through appropriate destruction and disposal. This policy defines the minimum guidelines and procedures that individuals must follow when disposing of patient information.

Scope and Distribution

This policy applies to all PHI maintained by TTUHSC. It does not apply to health care information of inmates seen or treated by TTUHSC providers.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#)

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

Prior to disposing or discarding any PHI, the applicable Custodian of Medical Records and the HIPAA Privacy Officer should be consulted.

All destructions/disposal of PHI will be done in accordance with applicable federal and state law and the TTUHSC retention policy, or other applicable TTUHSC policies.

1. Approved methods of destruction/disposal for all records containing PHI:
 - a) Locked shred bins for future destruction by designated personnel or shredding company
 - b) Smaller locked shred bins located at individual work areas for future destruction by designated personnel or shredding company.
 - c) Individual shredders within the department
 - d) Degauss any electronic media

Approved lockable shred bins can be obtained by contacting the HSC General Services department at [Document Services](#)

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2. The following containers are not approved for use as shred bins regardless of labeling, e.g. “shred only”, “do not empty – shred only”:
- a) Trash cans
 - b) Cardboard boxes
 - c) Unlocked shred boxes
 - d) Container that could be mistaken for general waste

In the event original records containing PHI are destroyed or disposed of, the following will be recorded and retained permanently:

- Date of destruction/disposal;
- Method of destroyed/disposed;
- Description of destroyed/disposed record series or medium;
- Dates covered in the records;
- Statement that records containing PHI were destroyed/disposed of in the normal course of business; and
- Signatures of the individuals supervising and witnessing the destruction/disposal (when appropriate).

Records involved in any open investigation, public records request, audit or litigation must not be disposed of/destroyed.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or www.ethicspoint.com under HSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Permian Basin](#), [Lubbock](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

Responsibility and Revisions

This policy may be amended or terminated at any time to reflect changes in TTUHSC operating policies or applicable laws and regulations.