RECORDS RETENTION and DISPOSAL – HEALTH RECORDS POLICY

Summary of Changes

	NEW	**Previous**
All Sites	Records Retention and Disposal – Health Records	
VCH		IM_506 - Records Retention Policy
		Was combined with Retention and Disposal of Business Records
PHC		CPF0900 – Record Retention/Destruction: Clinical Records
PHSA		

RECORDS RETENTION and DISPOSAL – HEALTH RECORDS POLICY

1. Introduction

1.1 Purpose

The purpose of the Records Retention and Disposal – Health Records Policy is to*:*

a. Establish regional standards and guidelines for the retention, storage and disposal of **health records** in the custody or control of the Organizations;

b. Establish sound business practices for the management of the Organizations' health records consistent with applicable laws, including the Freedom of Information and Protection of Privacy Act; and

c. Establish an appropriate advisory body ("Health Records Retention Advisory Committee") to make decisions related to best practices for **record** retention, storage, archiving and disposal consistent with applicable laws.

1.2 Scope

This policy applies to all health records, regardless of the medium in which they exist (e.g., electronic, paper, video/audio tape, microfiche, hard drive, disk or other electronic storage device), that are under the custody and/or control of the Organizations. This includes records in the custody of Service Providers where the contract for services stipulates that the records are the property of or under the control of the Organization.

This policy does not apply to business records or other non-health records under the custody and control of the organizations.

1.3 Exceptions

Exceptions to this policy are only permitted in extraordinary circumstances and must be approved by the Health Records Retention Advisory Committee and as required, Legal Services, Privacy, Health Information Management, and Risk Management.

Records in former Ministry of Health (MOH) programs (e.g. Continuing Care, Adult Mental Health, and Public Health Nursing) opened before April 1, 1997 as well as documents added to these records on or after April 1, 1997 are governed by MOH policies and procedures and are not subject to this policy.

2. Policy

2.1 General Principles

"Organizations", as referenced in this policy, are defined as the Vancouver Coastal Health Authority (VCH), Provincial Health Services Authority (PHSA), and Providence Health Care (PHC).

The term "Health Record" broadly refers to both physical paper records and electronic health information as noted in 1.2.

Staff will consult with the Organizations' Legal Services, Privacy, Health Information Management, and Risk Management with respect to the interpretation of this Policy.

2.2 Health Records Retention Advisory Committee

2.2.1 The Organizations will establish a single Health Records Retention Advisory Committee, consisting of representatives from the Organizations, as required, from Legal Services, Privacy, Health Information Management, BC Clinical and Support Services (BCCSS), Information Management/ Information Technology Services (IMITS), Risk Management, and Professional Practice whose mandate is to:

a. Review matters and make appropriate decisions relating to health records retention, storage and disposal, forwarding any questions to the designated head of the Public Body or equivalent.

b. Consult with appropriate clinical stakeholders as required.

c. Define corporate standards and guidelines for the retention, storage and disposal of health records as per the Health Records Retention & Disposal Standard, and

d. Ensure this Policy is maintained and updated as necessary by the policy owner (Health Information Management).

2.2.2 The Health Information Management (HIM) department will develop and maintain the Health Records Retention & Disposal Standard as new technology and solutions become available to manage the retention and disposal of records.

2.3 Retention

2.3.1 Subject to the terms of this Policy and applicable laws, the Organizations will retain original Health Records in accordance with the Health Records Retention & Disposal Standard (see Appendix A).

2.3.2 Original Health Records must be retained within the department or service area of the designated Records Custodian, who has overall responsibility for custody and disposal of records in accordance with the Health Records Retention & Disposal Standard. Managers will be assigned responsibility to oversee retention and disposal of Health Records consistent with this Policy and any advisory issued by the Health Records Retention Advisory Committee.

2.3.3 Unless otherwise stated, the retention periods set out in the Health Records Retention & Disposal Standard are to be calculated from the end of the calendar year in which the record was created.

2.3.4 Staff may elect to retain records for longer periods than those set out in the Health Records Retention & Disposal Standard if a **Records Custodian** determines, in good faith, that an extended retention period is required for operational, legal or business reasons. Record Custodians must consult with the **Health Records Retention Advisory Committee** before making such decisions.

2.3.5 Staff shall consult with the Health Records Retention Advisory Committee in relation to records that are not specifically covered in the Health Records Retention & Disposal Standard. The Health Records Retention Advisory Committee shall advise and recommend appropriate changes to the Health Records Retention & Disposal Standard to accommodate new classes of records or recommend that separate policies and processes are developed in accordance with applicable legislation.

2.3.6 The Organizations shall appoint Record Custodians for all clinical programs and service areas. The Health Records Retention Advisory Committee may recommend Records Custodians in consultation with operational areas. Record Custodians may also be appointed as **Data Stewards** of electronic patient care information **systems**. Records Custodians have responsibility to ensure systems are in place to track health records removed from the Organization's sites, including health records sent to offsite storage.

2.4 Storage

2.4.1 Paper Records

a. Records Custodians must ensure that health records kept in storage are properly labeled with the name of the generating department or Service Provider, the contents and the retention expiry date (if applicable).

b. In selecting storage methods, Records Custodians shall take into account the type of storage available, the security and accessibility of the records and the need to protect the integrity of the records.

c. Decisions regarding off-site storage must be made by the Records Custodian, in consultation with the Organization's procurement staff, with a view to achieving economies of scale where possible. Custodians shall store records in accordance with the Organization's vendor contracts for offsite storage of health records.

2.4.2 Electronic Records

a. Staff will store electronic health records containing personal information and other confidential information on the Organizations' managed, or approved, secure network drives.

b. Any use of portable storage devices such as, but not limited to, USB flash memory sticks, CDs , DVDs or smart phones must be approved and protected as per the Mobile Computing & Portable Storage Device Security Standard and the Information Security Classification Standard and other similar Health Organization policies.

c. Records Custodians may create and rely on electronic health records as a substitute for original paper records provided that the Records Custodian has, in consultation with the Health Records Retention Advisory Committee, established procedures and systems to support the integrity, availability and reliability of the electronic records.

d. Records Custodians must adhere to the following principles:

i. The Record Custodian must manage the Records in accordance with the Health Record Policy.

ii. There must be a reliable assurance as to the integrity of the health record in electronic form such that the health record once created in electronic format will remain complete and unaltered, except for changes that arise in the normal course of communication, storage and display;

iii. There must be a quality assurance procedure in place to ensure that the electronic version accurately reflects the original paper Record before any destruction of the original paper Record;

iv. The health record must be retained in the format in which the **original record** was created, provided and received, or in a format that does not materially change the content of the record;

v. The health record must be accessible to Staff entitled to have access to the health record; and

vi. The health record must meet such other requirements as may be specified under the Electronic Transactions Act, an extract of which is set out in the Health Records Retention & Disposal Standard to this Policy (see Appendix A).

vii. There must be a mechanism/capability for all electronic health record systems to reproduce the records in a format that is legally upheld.

2.5 Disposal

2.5.1 All original health records that have exceeded the retention periods in the Health Records Retention & Disposal Standard may be disposed of upon approval of the Record Retention Advisory Committee.

2.5.2 All health records approved for destruction by the Health Record Retention Advisory Committee must be destroyed as per the Health Records Retention & Disposal Standard (see Appendix A) and in accordance to their sensitivity as per the Information Security Classification Standard.

2.5.3 The Records Custodian must obtain and maintain certificates of destruction from the contracted provider of destruction services.

2.6 Retention for Legal Purposes

2.6.1 When directed by the respective Organization's Records Custodian, Risk Management, Privacy or Legal Services, records must be retained and not disposed of, notwithstanding the terms of this Policy. For example, health records may be required for litigation or other legal purposes.

3. Responsibilities and Compliance

3.1. Responsibilities

Guided by the following principles in the development and administration of this Policy, the Organizations must:

3.1.1. Comply with all applicable laws and policies, including any requirements related to litigation, related to retention periods and in the development of systems and processes for the storage and disposal of health records;

3.1.2. Apply applicable industry best practices to ensure that records are retained, stored and disposed of in a reliable, secure and confidential manner;

3.1.3. Manage health records, where possible and subject to applicable laws, in a way that minimizes storage and handling costs; and

3.1.4. Manage health records in a manner that ensures compliance with legislation, legal requirements, regulations, government directives, etc. including, but not limited to, the Freedom of Information and Protection of Privacy Act.

3.2. Compliance

3.2.1. The Health Records Retention Advisory Committee shall assist Records Custodians and Data Stewards to establish procedures for the effective implementation of this Policy.

4. Related Documents

4.1. Related Standards / Guidelines / Forms

Health Records Retention & Disposal Standard (See Appendix A)

4.2. Related Policies

Health Record Policy

Information Security Policy

Information Security Classification

Privacy and Confidentiality Policy

5. Definitions

Data Steward(s) - the person that is responsible for the administration of a data element in its electronic state. A Data Steward can share some responsibilities with a Records Custodian as the exchanging of data must be consistent and precise between Systems and information resources.

Health Record(s) - a record relating to the health of an individual, and falling within the definition of documents comprising health records under section 13 of the Hospital Act Regulation.

Original Record - the earliest generation of a record that exists and that is held as the official file copy.

Personal information - recorded information about an identifiable individual other than contact information as defined in the Freedom of Information and Protection of Privacy Act.

Record - includes books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means.

Health Records Retention Advisory Committee - the committee established under this Policy consisting of representatives, as required, from Legal Services, Privacy, Health Information Management, BCCSS, IMITS and Risk Management, and Professional Practice whose mandate is to review and advise on matters relating to health records retention, storage and disposal and this Policy.

Records Custodian - the functional officer or delegate designated as the party accountable for administration of this Policy with respect to the records in a given program/service area.

Staff - all officers, directors, employees, contractors, physicians, health care professionals, students and volunteers engaged by the Organizations.

Systems - any of the Organization's respective or shared electronic information system**.**

6. References

6.1. Legislation – Federal

Controlled Drugs & Substances Act and Regulations, ch 19. [Internet]. S.C. 1996. Government of Canada, Justice Website. Canada. Available from: http://laws-lois.justice.gc.ca/eng/acts/C-38.8/

Food and Drug Act and Regulations, c. F-27. [Internet]. Government of Canada: Justice Laws Website. (R.S.C, 1998). Canada. Available from: http://laws-lois.justice.gc.ca/eng/acts/f-27/

National Association of Pharmacy Regulatory Authorities. [Internet] Available from: http://napra.ca/pages/FederalLegislation/ControlledDrugs_SubstancesAct.aspx

6.2. Legislation - Provincial

Information Management Act, Chapter 27 [Internet]. (replaces the Document Disposal Act [RSBC 1996] Chapter 99), BC: Laws of British Columbia. [SBC 2015]. Canada, British Columbia. Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/15027

E-Health (Personal Health Information Access and Protection of Privacy) Act, Chapter 38. [Internet]. [SBC 2008]. Canada, British Columbia. Available from: http://www.bclaws.ca/Recon/document/ID/freeside/00_08038_01

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Evidence Act, Chapter 124. [Internet] BC Laws of British Columbia. Retrieve from RSBC 1996, online: BC Laws: Laws of British Columbia. [RSBC 1996]. Canada, British Columbia. Available from http://www.bclaws.ca/civix/document/id/complete/statreg/96124_01

Freedom of Information and Protection of Privacy Act, Chapter 165. [Internet]. BC Laws British Columbia. [RSBC 1996. Canada, British Columbia. Available from: http://www.bclaws.ca/Recon/document/ID/freeside/96165_00

Hospital Act, Chapter 20. [Internet]. [RSBC 1996]. Canada, British Columbia. Available from: http://www.bclaws.ca/Recon/document/ID/freeside/00_96200_01

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"Point in Time" Act and Supplement Content. [Internet]. Limitation Act, Chapter 266. [RSBC 1996]. BC Laws of British Columbia. Canada, British Columbia. Available from: http://www.bclaws.ca/civix/document/id/lc/statreg/96266_pit

Workers Compensation Act . Chapter 492 [Internet]. [RSBC 1996]. Canada, British Columbia. Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/96492_00

6.3. Standards/Policies/Bylaws/Guidelines

Bylaws of the College of Pharmacists of B.C. [Internet]. Canada, British Columbia. Available from: http://www.bcpharmacists.org/acts-and-bylaws

Guidance for Clinical Trial Sponsors: Clinical Trials. [Internet]. Health Canada. 2003. Available from: https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/clinical-trials/guidance-clinical-trial-sponsors-clinical-trial-applications.html

Guidance for Records Related to Clinical Trials (GUIDE-0068). [Internet]. Health Canada. 2006. Canada. Available from: https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-clinical-practices/guidance-documents/guidance-records-related-clinical-trials-guide-0068.html

Books and Record Retention/Destruction, Information Circular #78-10R5. [Internet]. CCRA 2010. Canada. Available from: https://www.canada.ca/content/dam/cra-arc/migration/cra-arc/E/pub/tp/ic78-10r5/ic78-10r5-10e.pdf

Memo re: Revised Retention of Documents, Records, Slides and Specimens Guideline from Clinical & Anatomic Pathology Divisions. [Internet]. 2004. Canada. Available from https://www.canada.ca/content/dam/cra-arc/migration/cra-arc/E/pub/tp/ic78-10r5/ic78-10r5-10e.pdf

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Medical Research Council of Canada. 2014. [Internet]. Available from: http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf

7. Appendices

Appendix A: Health Records Retention & Disposal Standard

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Section: Health Information Management		
Authorization:	Date Approved:	Date Revised: <Enter Date>
Related Policies:	Records Retention & Disposal – Health Records Policy Health Records Policy IMITS / IT Security Policies Organizational Privacy and Confidentiality Policies	
Related Standards:	References - attached	

Health Records Retention & Disposal Standard Purpose

The purpose of this standard is to ensure that the retention, storage and disposal of health records in the custody or control of the organizations are adequately protected, maintained and when no longer needed or of no value, are destroyed at the appropriate time and in the appropriate manner. Individuals responsible for the retention of health records are also responsible for the destruction of those records following the retention period. Documents should be destroyed in a manner that ensures that all sensitive or confidential material can no longer be read or interpreted. This means that paper documents should be cross-shredded, and electronic documents should be erased or otherwise rendered unreadable.

Health Records Retention & Disposal Standard Scope

This Standard applies to all Staff in respect of all health records, regardless of the medium in which they exist (e.g. electronic, paper, video or audio tape, microfilm or microfiche, or hard drive, disk or other electronic storage device), that are the property of the organizations, including those in the possession of Service Providers where the contract for services stipulates that the records are the property of or under the control of the organizations.

Records in former Ministry of Health programs (e.g. Continuing Care, Adult Mental Health, Public Health Nursing) opened before April 1, 1997 as well as documents added to these records after April 1, 1997 are not subject to this Policy, but governed by MOH policies and procedures; all other records are subject to this Policy.

The *Health Records Retention & Disposal Standard* supports the *Records Retention & Disposal – Health Records Policy.*

Appendix A: Health Records Retention & Disposal Standard

Original Documents	Minimum Retention Period	Remarks	Authority
1.0 HEALTH RECORDS			*Health Care Protection Program (HCPP) Risk Note* *Hospital Act Regulations* *Limitation Act[SBC 2012]* *Ministry of Health (MOH) directive – Communique #2009-15* *MOH letter – September 10, 2015*
1.1. Pertinent health care data of a patient's health record, including nursing notes: - Inpatient records - Surgical Daycare records - Emergency records - Ambulatory Care records - Outpatient records - Community Care records	**Permanent Retention** per MOH directives (exceptions in Section 2 below) * records to be kept indefinitely until further notice – exceptions noted in Section 2	MOH Directives Override Hospital Act retention period of 10 years (+ 1) from most recent date of patient discharge (primary documents) and 6 years (+ 1) from most recent date of discharge (secondary documents)	MOH directive – Communique # 2009-15* (and MOH letter – September 10, 2015) *records to be kept indefinitely until further notice – exceptions noted in Section 2
1.1.1. For Minors	**Permanent Retention** per MOH directive (exceptions in Section 2 below) * records to be kept indefinitely until further notice	MOH Directives Override Hospital Act retention period of 10 years from when minor reaches age of majority	MOH directive – Communique # 2009-15* (and MOH letter – September 10, 2015) *records to be kept indefinitely until further notice – exceptions noted in Section 2
2.0 BC MINISTRY OF HEALTH'S EXCEPTIONS TO PERMANENT RETENTION OF HEALTH RECORDS			

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Original Documents	Minimum Retention Period	Remarks	Authority
2.1 Audiology Screening files, Audiology Services files, Hearing Services client files – outpatient / community only	15 years (+1) per revised Limitation Act– June 2013 From date of discharge or last contact.	not relevant to tobacco or blood litigation	MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) Limitation Act– revised June 2013 Hospital Act Regulations
2.2 Speech and Language Client Files – outpatient / community only	15 years (+1) per revised Limitation Act– June 2013 From date of discharge or last contact.	not relevant to tobacco or blood litigation	MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) Limitation Act Hospital Act Regulations
2.3 Sexually Transmitted Disease clinic patient files or Sexually Transmitted Disease testing, treatment and counseling services files – outpatient / community only	15 years (+1) per revised Limitation Act– June 2013 From date of discharge or last contact.	not relevant to tobacco or blood litigation	MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) Limitation Act Hospital Act Regulations

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Original Documents	Minimum Retention Period	Remarks	Authority
3.0 SPECIFIC DOCUMENT RETENTION			
3.1 Transitory Records (e.g. documents such as diet reports, OR logs and slates or discharge/admission lists)	1 year from final completion of the patient's health record by the attending practitioners	If it becomes apparent that these documents may be needed to defend the facility against allegations of negligence, etc. then these documents should be retained along with necessary primary documents	Hospital Act Regulations Request by Risk Management and/or Legal Services
3.2 Appointment Diaries and Calendars – including documents for routine appointment scheduling	Current year plus one		Best practice
3.3 Home Care Workers Communication Books / Worksheets - Records of cooking, cleaning, bathing and other assistance provided in the client home	7 years		Best practice
3.4 Records re: Possible Sexual Assault	Permanent Retention		
3.5 Forensic Records	Permanent Retention		
3.6 Immunization Records	Permanent Retention	Northern Health Schedule	Best Practice
3.7 Refused Referrals – declined service or	1 year		Best practice

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Original Documents	Minimum Retention Period	Remarks	Authority
inappropriate for service			
3.8 Raw Test Data (such as Psychological, Occupational Therapy, Pulmonary Function Testing, Speech Language Pathology)	7 years	Raw test data does not form part o of the legal health record	HP Colleges/Regulatory Body
3.9 Ministry of Health owned records	As per MOH guidelines		MOH directive – Communique # 2009-15
4.0 ELECTRONIC (INCLUDING IMAGED) RECORDS			
4.1 Paper copies of Electronically Created Records	Permanent Retention	Permanent Retention of the paper records unless certified as an official electronic record under the Health Records Policy. Records so certified are not required to be printed or saved in paper format unless they have been printed and charted upon.	Health Records Policy
4.2 Original Documents that have been scanned (imaged) into certified systems (such as Meditech, 3M, PACS, Cerner)	3 months from the date of scanning/validation	If required for Medical-Legal purposes, keep paper until no longer required per Risk Management	BC Electronic Transactions Act; Health Records Policy; Securing of Health Records and Access to Health Records procedure

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Original Documents	Minimum Retention Period	Remarks	Authority
5.0 LOWER MAINLAND MEDICAL IMAGING RECORDS – <u>outpatient records</u> (not included in health record)			MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) HCPP Risk Note – July 2014 Limitation Act DAP Recommended Retention Times for Medical Imaging
5.1 Adult Medical Imaging and Nuclear Medicine exams (i.e. Bone Density, CT, Echocardiography, Gen Rad (x-ray), IR, Mammography, MRI, NM, Ultrasound, Reports, Records)	**<u>Permanent Retention</u>** per MOH directives (exceptions in Section 2 below) * records to be kept indefinitely until further notice – exceptions noted in Section 2	MOH Directives <u>Override</u> Hospital Act retention period of 10 years (+ 1) from most recent date of patient discharge (primary documents) and 6 years (+ 1) from most recent date of discharge (secondary documents)	MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) HCPP Risk Note – July 2014 Limitation Act DAP Recommended Retention Times for Medical Imaging
5.2 Pediatric Medical Imaging and Nuclear Medicine exams (i.e. Bone Density, Computed Tomography, Echocardiography, General Radiology (x-ray), Interventional Radiolog, Mammography, Magnetic Resonance Imaging, Nuclear Medicine, Ultrasound, Reports, Records)	**<u>Permanent Retention</u>** per MOH directives (exceptions in Section 2 below) * records to be kept indefinitely until further notice – exceptions noted in Section 2	MOH Directives <u>Override</u> Hospital Act retention period of 10 years from when minor reaches age of majority	MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) Limitation Act DAP Recommended Retention Times for Medical Imaging
5.3 Medical Imaging and Nuclear Medicine	15 years from last client contact		Limitation Act

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Original Documents	Minimum Retention Period	Remarks	Authority
Requisitions			
6.0 LABORATORY RECORDS – <u>outpatient records</u> (not included in health record) **Refer to Lab Standards** *If relevant to Tobacco and Blood litigation, longer retention may be required.			MOH directive – Communique # 2009-15 (and MOH letter – September 10, 2015) DAP Clinical and Anatomic Pathology Guidelines: Retention of Documents, Records, Slides and Specimens (scheduled for review) DAP Minimum Standards for Storage of Specimens, Blocks, Slides and Reports (scheduled for review) Limitations Act
6.1 Patient reports / Lab Results	3 years	Lab retains original outpatient reports. For referred-out tests, the referral lab retains an original report. Northern Health schedule	Best practice
6.2 Bone Marrow Reports	10 years	Northern Health schedule	Revised Limitation Act
6.3 Blood and Blood Component records, including records of final disposition	Records to be kept indefinitely until further notice – exceptions noted in section 2		Health Care Protection Program Risk Note – July 2014
6.4 Lab test requisitions	3 years	Fraser Health Policy Northern Health schedule	Best practice

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Original Documents	Minimum Retention Period	Remarks	Authority
6.5 Lab worksheets	2 years	Northern Health schedule	Best practice
7.0 PHARMACY RECORDS			Bylaws of the College of Pharmacists of British Columbia Narcotic Control Regulation
7.1 Narcotic Distribution / Administration Records	3 years, or until any audit or investigation is complete	Interior Health Northern Health	Best practice
7.2 Prescriptions	5 years, or until any audit or investigation is complete	Northern Health	Best practice
7.3 Physicians Order	5 years, or until any audit or investigation is complete	Northern Health	Best practice
8.0 BC TRANSPLANT RECORDS	Refer to BC Transplant Standards Consult with Tissue Bank records custodian regarding applicable standards or guidelines		BC Transplant Record Management Policy
9.0 PATIENT CARE QUALITY OFFICE DOCUMENTS	7 years		

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Original Documents	Minimum Retention Period	Remarks	Authority
10.0 PUBLIC HEALTH RECORDS	Public Health should be consulted regarding applicable standards or guidelines		
11.0 RESIDENTIAL CARE RECORDS	Retention guidelines currently under review.		
12.0 RESEARCH RECORDS		Refer to Health Organization appropriate Research Institute	Refer to Tri-Council Policy Statement Ethical Conduct for Research Involving Humans Health Canada – Guidance for Clinical Trial Sponsors – CTAs 2003/06/25 Health Canada – Good Clinical Practice, and updates

Note: Statutory retention periods may change from time to time. Custodians should consult with the Health Records Retention Advisory Committee.

REFERENCES

BC Electronic Transactions Act (sections 3 – 12) http://www.bclaws.ca/Recon/document/ID/freeside/00_01010_01

Hospital Act Regulation
http://www.bclaws.ca/civix/document/id/complete/statreg/121_97

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Limitation Act
http://www.bclaws.ca/civix/document/id/complete/statreg/12013_01#section24

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First Issued:	24-OCT-2016		
Approving Body:	Name / Committee:		
Final Sign Off:	Name	Title	Date Signed
		VP Professional Practice, CNIO VP Medicine Chair, HAMAC	09-JUL-2018
		VP Digital Health Informatics Director, Professional Practice Chair, MAC	09-JUL-2018
	PHSA SET		16-APR-2018
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	Regional Manager, Records Management Process & Standards	Health Information Management	Lower Mainland Consolidation
Owners:	PHC	PHSA	VCH
	Health Information Management (HIM)	Health Information Management	Health Information Management
Posted Date:	08-AUG-2018		
Version:	2		
Reviewed:	Name of Reviewer	Description	DD-MMM-YYYY
	HIM	No revisions required	27-OCT-2022