

KANSAS HOSPITAL ASSOCIATION RECORD RETENTION GUIDE 2022



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PREFACE/ACKNOWLEDGMENTS

Kansas Hospital Association would like to thank the law firm of Goodell, Stratton, Edmonds & Palmer, LLP for its assistance in drafting and updating this guide from its inception. Updates for this 2022 edition were led by Catherine L. Walberg, attorney at law, with the assistance of Andrew Tague, an associate with the firm.

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INTRODUCTION

This guide is a substantive framework of basic health care records retention principles, policies, and requirements; it replaces the current *KHA Record Retention Guide* that was last updated in 2017. This guide is provided solely for informational purposes and is current as of its creation date. If you have a specific question regarding the proper retention period for a record not addressed by this guide, you should seek the advice of legal counsel.

The health care profession generates a staggering number of documents each year that need to be filed and maintained. These logistical hurdles require a proactive solution. Thus, we intend this guide to give providers a running start in developing recordkeeping policies that best suit their needs and the requirements of the law.

In suggesting time periods for retention, this guide draws upon general record retention policy considerations for legal compliance and operational efficiency. It also factors in special needs that may arise in a litigation context, such as the Kansas statutes of limitation and repose. These statutes limit the time within which an individual may bring a lawsuit. For example, an adult must generally bring a medical malpractice action within two (2) years of the act giving rise to an injury or the discovery of such injury, but in no event more than four (4) years after the act. Minors, prisoners, or those with mental incapacities may bring an action within one (1) year after the incapacity is removed, but in no circumstances more than eight (8) years after the act. Because statutes of limitations limit the timing of when a lawsuit may be commenced, a provider's recordkeeping policies should reflect these periods and ensure potentially relevant records are not destroyed prior to the expiration of a limitation period. Litigation holds are especially critical to this aim. Thus, this guide also discusses elements to consider in establishing litigation hold protocols.

A health care provider may also need to retain certain records to comply with state and federal regulations. To aid in compliance, this guide includes many pertinent recordkeeping periods required by law. For certain records, the guide recommends retaining documents for a period different from what the law expressly requires. Such deviations are generally meant to ensure safe business practices or resolve competing legal requirements. This list is by no means exhaustive. Each provider is encouraged to draft its own retention policies, within legal confines, that best serve its business needs. Again, a provider should seek legal counsel if it seeks a retention period not included in this guide.

The law is constantly changing. Because the requirements imposed by statutes, rules, and regulations fluidly shift, hospital personnel should stay informed of updates to federal and state recordkeeping laws. Each hospital should look to any measures adopted by regulating agencies, the Joint Commission, and other hospital and medical organizations to inform their procedures and anticipate the changing legal landscape.

GENERAL CONSIDERATIONS

Primary Record Retention Policy Considerations

Record retention policies should be developed with a special eye toward pertinent legal requirements and the ancillary considerations that follow. While compliance with state and federal retention regulations is a necessary first step, it may not be sufficient in itself to protect a provider in all contexts. The ideal retention policy must consider licensure requirements, accreditation requirements, Medicare/Medicaid eligibility criteria, contractual obligations, and applicable statutes of limitations and repose while making allowances for litigation needs as they arise.

These considerations must, however, be balanced with practical recordkeeping concerns. Space constraints and frequency of use counsel against unnecessary accumulation of irrelevant or rarely-used documents. Thus, a retention policy must aid in efficiency by helping a provider distinguish records it must keep from those it may safely file away.

Providers are encouraged to create and maintain their own retention and compliance policies. To aid this development, this manual makes recommendations based on the above factors to suggest a retention schedule that reconciles competing considerations. The suggested schedule factors in timeframes expressly required by state and federal law as well as statute of limitations periods during which a hospital may need to produce records to defend against a suit. For records not readily governed by retention laws, recommendations are based on factors, such as industry practice, convenience, and utility, that have historically proven instructive. Certain records, such as patient name indexes or annual board reports, are recommended for permanent retention because of their potential value in litigation.

Litigation Holds

The considerations above are subject to special retention requirements triggered by a litigation hold. When a provider receives a claim or has reason to believe it, or one of its associates, may be sued or subjected to audit or investigation, legal counsel should be contacted immediately to discern the need for a litigation hold. If a hold is initiated, a provider must retain all records potentially relevant to the claim or investigation in their original form until otherwise authorized by counsel. A hold suspends all usual retention policies and extends to all record types, including patient specimens and those in electronic form.

Litigation holds have an expansive reach. They impose a broad legal obligation to preserve any and all documents or data that may be relevant to any claim or defense at issue in the suit. The hold applies to the provider and any employee that may possess information relevant to litigation. Thus, the types of records a provider must preserve will depend on the types of claims at issue. Providers are advised to seek legal counsel at the first indication of a claim or impending litigation to ensure the scope of its preservation is sufficiently broad and that all affected individuals are notified of their duty.

Because it may often be difficult for a provider to ascertain exactly what will be relevant to a particular case, it should err on the side of caution and over-inclusivity. In addition to what one

may usually expect, litigation holds frequently require preservation of electronic documents and accompanying metadata, backups of electronic documents, and emails/correspondence. A provider's duty to preserve forbids it from throwing away, destroying, or deleting any documents (including their electronically stored counterparts) that currently exist as well as potentially relevant materials created in the future. Because features such as automatic email deletion will breach this duty to preserve, providers must proactively safeguard information that may be relevant. Additionally, one should discontinue use of "Cloud" or other electronic storage regarding potentially relevant information that may be deleted until the hold is lifted.

Metadata presents special issues worth noting. Courts have required metadata to be preserved for use in discovery. Thus, special care must be taken to avoid document transfers, conversions, or storage methods that may compromise one's access to such data. As a common example, a document created in a Microsoft Word format will not retain its metadata if saved as a PDF document. Thus, preserving a document in anything other than its native format may result in substantial data loss.

Documents and data to be preserved include but are not limited to: emails; letters; faxes (including transmittal cover sheets and confirmation sheets); telephone logs; diaries; calendars; appointment books; to do lists; articles; reports; analyses; guidelines and industry standards; manuals; policies; press releases; contracts; agreements; memoranda; drafts; plans; drawings; sketches; charts; graphs; diagrams; notes; meeting minutes; databases; designs; product safety documents; photographs; video tapes; data compilations; recordings of any kind (including phone recordings); transcripts; computer printouts; design and engineering documents; operational documents; repair or remedial work documents; filings with any state or federal government agency; inter- or intra-office communication; invoices; tax records; any tangible item or visual material (regardless of how transcribed); and other compilations from which information can be obtained.

The occurrence of any of the following should prompt a provider to consider a legal hold: (1) service of legal process (subpoena, summons, etc.); (2) learning of an investigation or audit by a government agency, government contractor or private entity; (3) receipt of a claim (whether formal or informal); (4) receipt of a patient complaint (not including minor complaints); and (5) a dispute that is reasonably believed may result in a claim or suit.

The court may impose severe penalties on a party to litigation for failing to uphold their preservation duty. The court may order the party to pay penalties or strike some of its claims or defenses. In some cases, the court may even dismiss the litigation and impose sanctions through large fines. A provider can position itself to avoid these risks by planning and implementing a litigation hold procedure and contacting legal counsel at the immediate outset of litigation.

Recommendations Contained in this Manual

Pursuant to state and federal law, this guide generally recommends that hospitals retain a patient's medical records for ten years after the date of the last discharge of the patient. Alternatively, if the patient is a minor, hospitals should retain the patient's records for either ten years or for one year after the patient reaches the age of 18, whichever is longer. Before a record can be destroyed, the hospital must make a summary of its contents, which should be retained for

25 years. It is important to note that this guide's recommendations are made with hospitals in mind, not clinics. While they are generally subject to the same recommendation of retaining medical records for ten years, clinics need not prepare a summary of records before destroying them.

The suggested retention schedule that follows is by no means exhaustive. Although extensive, it does not address every possible record or data form that may be produced by a health care provider. Rather, it lists recommendations for the most common documents. A provider seeking a record type not listed in this guide is advised to consider the retention period for records of similar nature or purpose and consult legal counsel. This manual is not intended to replace legal counsel but, instead, to supplement decision making. Where the law is unclear or a question arises, providers should seek the guidance of legal counsel.

Interpreting the Recommendation Charts

Column 1: "Record/Data"

Describes the document, data, or other record that could potentially be generated as well as the type of provider or entity generating the record.

Column 2: "Retention Recommendation"

Describes the recommended duration for retaining a record and any pertinent modifications. Determination is based on balancing litigation and compliance considerations with efficiency needs.

Column 3: "Citations/Comments"

Describes the source or legal authority of the retention recommendation. Comments will sometimes provide specific information a record must maintain, additional requirements, or relevant cross references.

HEALTH CARE

This section pertains to hospitals' health care records across a multitude of data types and recordkeeping mediums. The general rule for medical record retention is ten (10) years or, if the patient is a minor, not less than one (1) year after the patient reaches the age of majority, whichever is longer. Following destruction, hospitals must maintain a summary of the destroyed records for an additional 25 years. While this recommendation applies to most medical records, the recommended duration fluctuates for records incidental to medical practice, such as equipment calibration checks and risk management records. Still, providers are encouraged to locate specific record types on this chart to ensure full accuracy.

Among the record types listed, some of the most notable include records associated with Ambulatory Surgical Centers, Emergency Medical Services, Hospitals, and Laboratories.

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| 1. | Abortion records | Ten (10) years after the date of the abortion or, if a minor, one (1) year after the minor reaches the age of majority, whichever is longer. | A physician must retain abortion records, including all written reports and findings required under the statute, for ten (10) years. K.S.A. § 65-6703(c)(5). See K.A.R. 28-34-9a(d)(1) for the general record retention period applicable to minors. |
| 2. | Admissions log or register | Permanent. | |
| 3. | Ambulatory surgical centers: Annual checks and calibrations of all radiology equipment | Five (5) years. | ASCs in which radiology services are performed in the center must have written policies and procedures. At a minimum, records shall be kept of all annual checks and calibrations of all radiology equipment. K.A.R. 28-34-59a(d)-(e); K.S.A. § 48-1607(g). For definitions applicable to ASCs, see K.A.R. 28-34-50. |

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| 4. | <p>Ambulatory surgical centers:</p> <p>Laboratory services</p> | Two (2) years for routine test reports; five (5) years for blood banking test reports; ten (10) years for histologic or cytologic test reports. | K.A.R. 28-34-59a(b)(3). |
| 5. | <p>Ambulatory surgical centers:</p> <p>Medical records</p> | Not less than ten (10) years after date of last discharge or not less than one (1) year after the date that patients who are minors reach majority, whichever is longer. | K.A.R. 28-34-57(c). |
| 6. | <p>Ambulatory surgical centers:</p> <p>Medical staff meeting minutes (non-peer review/ risk management records)</p> | Permanent. | ASCs are required to hold regular meetings of the medical staff. Records of such meetings shall include both attendance and minutes. K.A.R. 28-34-54(h); K.A.R. 28-34-50(m). |
| 7. | <p>Ambulatory surgical centers:</p> <p>Peer review and risk management records</p> | Not less than one (1) year following completion of the facility investigation. (Not less than five (5) years if adverse action is taken.) | All risk management and peer review records (incident reports, investigational tools, minutes of risk management committees and other documentation of clinical analysis for each reported incident). Adverse Finding Reports (filed with a state licensing/regulatory agency) and staff privilege records must be retained for a minimum of one (1) year. K.A.R. 28-52-2(c). K.A.R. 28-52-2 relates only to risk management |

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| | | | <p>records, but the one (1) year retention period past the completion of the facility investigation is also recommended for peer review records. Any risk management or peer review record, in which an adverse privilege action or employment action was taken by the facility, should be retained for five (5) years after completion of the facility investigation.</p> <p>All peer review, litigation review, and risk management records should be kept separate from patient records. K.S.A. § 65-28,121; § 65-4915 <i>et seq.</i>; § 65-4921 <i>et seq.</i>; K.A.R. 28-52-2.</p> |
| 8. | Annual reports to governmental agencies | Permanent. | |
| 9. | Appointment calendars | 8 years. | <p>These should generally be maintained past the statute of repose which is four (4) years for malpractice claims related to adult patients and eight (8) years for minor patients. <i>See</i> K.S.A. § 60-513(c); § 60-515.</p> |
| 10. | Birth and death registers | Permanent. | |

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| 11. | Blood and blood components | <p>Not less than ten (10) years after the records of processing have been completed or six (6) months after the latest expiration date for the individual product, whichever is later.</p> <p><i>When there is no expiration date, records shall be retained indefinitely.</i></p> | <p>Records shall be maintained concurrently with the performance of each significant step in the collection, processing, compatibility testing, storage, and distribution of each unit of blood and blood components.</p> <p>Appropriate records shall be available from which to determine lot numbers of supplies and reagents used for specific lots or units of the final product.</p> <p>Records shall be retained for such interval beyond the expiration date for the blood or blood components as necessary to facilitate the reporting of any unfavorable clinical reactions.</p> <p>21 C.F.R. § 606.160(a), (b) and (d); <i>see also</i> 21 C.F.R. § 610.46.</p> |
| 12. | <p>Blood Donors:</p> <p>Records of deferred donors</p> | Indefinitely, until the donor is requalified. | <p>Establishments must maintain at each location: (a) a record of all donors found to be ineligible or deferred at that location and (b) a cumulative record of donors deferred from donation due to evidence of HIV, HBV, or HCV infection under 21 C.F.R. § 610.40(a)(1).</p> <p>Such cumulative records must be updated <i>at least monthly</i> to add newly</p> |

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| | | | deferred donors. Establishment must also revise cumulative record to remove requalified donors. |
| 13. | Call schedules | Eight (8) years | These should generally be maintained past the statute of repose which is four (4) years for malpractice claims related to adult patients and eight (8) years for minor patients. <i>See</i> K.S.A. §§ 60-513(c), § 60-515. |
| 14. | Cancer registry | Permanent. | |
| 15. | Communicable disease reports | Five (5) years. | <i>See</i> K.A.R. 28-1-18. |
| 16. | Controlled Substances: Dispensing physicians NOT IN A HOSPITAL SETTING: Legend drugs and controlled substance records | Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer. | Although not a hospital record, a physician dispensing medication in a hospital affiliated clinic must keep a suitable book or file which shall be preserved for a period of not less than three (3) years. Every prescription order filled or refilled by such dispensing physician, and said book or file of prescription orders, shall at all times be open to inspection by proper authorities. K.A.R. 100-21-4(a). Notwithstanding the biennial inventory requirements set forth in 21 C.F.R. §§ 1304.11(c) and 1304.21, the Kansas |

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| | | | <p>Board of Healing Arts requires all dispensing physicians to make an inventory every two (2) years on May 1. K.A.R. 100-21-4(c)</p> <p>Records of these inventories shall be maintained for a period of three (3) years, which is greater than the two (2) year period set forth in the federal regulations. <i>See</i> K.A.R. 100-21-4(c).</p> |
| 17. | Delivery room register | Permanent. | |
| 18. | <p>Diagnostic Testing:</p> <p>Orders for diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests</p> | <p>Not less than ten (10) years after the date of last treatment or, if a minor, not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> <p><i>See also Hospitals-Medical Records, below.</i></p> | <p>Under the Affordable Care Act, a physician who orders testing (as defined by the regulation) must maintain documentation of the test's medical necessity in the beneficiary's medical record. 42 C.F.R. § 410.32(d)(2)(i).</p> <p>An entity submitting a claim must maintain: (1) the documentation received from the ordering physician or practitioner and (2) documentation that the information submitted with the claim accurately reflects the information received from the ordering physician or practitioner (i.e. proof of accuracy). 42 C.F.R. § 410.32(d)(2)(ii).</p> |
| 19. | Discharge log or register | Permanent. | |

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| 20. | Disease index | Permanent. | <p>A disease index lists diseases, conditions, and injuries by the specific code number for each disease, condition, or injury based on a clinical classification system to allow for retrieval of medical records for research by each specific code. It is used primarily for medical research of diseases by type based upon the code number for each disease, among other uses.</p> <p>The disease index system will generally be in operation for the life of the hospital and the hospital should have a way of indexing all records in their possession regardless of when the case was handled.</p> |
| 21. | Emergency medical services: Medical reviews of patient care activities | Not less than three (3) years. | K.A.R. 109-2-5(r)(3). |
| 22. | Emergency medical services: Patient care record | Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer. | K.A.R. 109-2-5(o) requires these records to be maintained for only three (3) years, but the longer period for hospital medical records is recommended. |
| 23. | Emergency room register | Permanent. | <i>See</i> 42 C.F.R. § 489.20. |

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| 24. | <p>Electronic records:</p> <p>Digital, scanned, CDs, or other electronic records</p> | See comment. | All electronic records should be maintained for the same amount of time such records would be maintained if they were in hard copy form. Thus, medical records are required to be maintained for the same period of time regardless if they are maintained in paper or electronic form. |
| 25. | <p>End-stage renal disease services</p> | Not less than ten (10) years from date of last treatment or, in the case of a minor, one (1) year after the patient reaches the age of majority, whichever is longer. | K.A.R. 28-34-9a. A hospital must also maintain a summary for every medical record that is destroyed. K.A.R. 28-34-9a(d)(3). Each summary must be retained on file for at least twenty-five (25) years and include the information detailed in (d)(3)(A)-(E). <i>Id.</i> |
| 26. | <p>HIV confidential information</p> | No longer than necessary for the purposes of the preventing and controlling HIV infection. | K.A.R. 28-1-26(f). |
| 27. | <p>Home health agencies:</p> <p>Clinical records</p> | Not less than five (5) years after the date of last discharge of the patient. | <p>K.A.R. 28-51-110 specifies what information each record must contain under state law. These records must contain patient information required by 42 C.F.R. § 484.110(a) and be appropriately authenticated.</p> <p>The C.F.R. defers to the state record retention</p> |

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| | | | <p>period. Under K.A.R. 28-51-110(d), clinical records must be retained in a retrievable form for at least five (5) years after the date of last discharge of the patient.</p> |
| 28. | <p>Hospitals:</p> <p>Medical physicist's annual quality control and equipment standard inspection/survey of mammography services</p> | Ten (10) years. | <p>As part of a medical facility's overall quality assurance program, each facility shall have a medical physicist establish, monitor, and direct the procedures under 21 C.F.R. § 900.12(d) and (e) as to equipment, phantom images, and clinical images.</p> <p>At a minimum, the medical physicist shall perform at least an annual survey to determine that the facility meets the quality control and equipment standards in 21 C.F.R. § 900.12(e)(2), (5) and (6). These reports must be maintained until the next annual survey is satisfactorily completed. 21 C.F.R. § 900.12(e).</p> |
| 29. | <p>Hospitals:</p> <p>Medical records, including any patient record dealing with treatment, operation, diagnosis, prescription, consultation, counsel, care, or assessment for the ascertainment, cure, relief,</p> | Ten (10) years after the date of last discharge of the patient or, if the patient is a minor, one (1) year after the minor reaches the age of majority, whichever is longer. | Hospitals must have a medical records service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital. 42 C.F.R. § 482.24. In the |

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| | <p>palliation, adjustment or correction of any human disease, ailment, deformity, injury, pregnancy, childbirth, or other physical and/or mental condition to include preliminary and restorative measures.</p> <p>(Specific identifiable records under Kansas and federal law are: Ambulatory surgical center records, K.A.R. 28-34-57; Anesthesia service records, <i>id.</i>; Emergency room services patient records, K.A.R. 28-34-16a(b)(7); Mammograms and associated records, 21 C.F.R. 900.12(e)(1) and (2); Occupational therapy department records, K.A.R. 28-34-25; Radiology department patient records of findings and results of examinations, K.A.R. 28-34-12(m) and K.A.R. 28-34-9a(e)(2); Surgical services patient records, K.A.R. 28-34-17b(d)(4); Social services department records, K.A.R. 28-34-24(c).)</p> | <p>After destruction of medical records following the expiration of mandatory retention requirements, summaries of the medical records must be maintained for twenty-five (25) years.</p> | <p>Conditions of Participation, the CMS requires hospitals to have a medical records service that has administrative responsibility for medical records. Under federal law, medical records must be retained in their original or legally reproduced form for at least five (5) years. 42 C.F.R. § 482.24(b)(1).</p> <p>Under Kansas law, each hospital shall maintain medical records for each patient admitted for care. Each medical record shall be kept on file for ten (10) years after the date of last discharge of the patient or one (1) year beyond the date that patients who are minors reach their majority, whichever is longer. K.A.R. 28-34-9a(d)(1).</p> <p>If a hospital discontinues operation, the hospital shall inform the Kansas Department of Health and Environment of the location of its records. K.A.R. 28-34-9a(d)(2).</p> <p>A summary shall be maintained of medical records which have been destroyed. The summary shall be retained on file for at least twenty-five (25) years and include the information listed in K.A.R. 28-34-9a(d)(3).</p> |

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| 30. | <p>Hospitals:</p> <p>Radiation records; leakage or contamination of sealed sources</p> | <p>Ten (10) years.</p> <p>Records of the provisions of the radiation protection program) should be maintained until the department terminates each pertinent license or registration requiring the record.</p> <p>Records of audits and other reviews of the content and implementation of the program should be maintained until three (3) years after the record was made.</p> | <p>Any institution, person, or group of persons who meets the requirements of K.A.R. 28-35-181a or 28- 35-181b and who is granted an application is required to maintain radiation safety and handling instructions that are approved by the Secretary of KDHE and the U.S. Nuclear Regulatory Commission.</p> <p>In the alternative, such institution, person, or group may, upon agreement by the State, allow the manufacturer to furnish the radiation safety and handling instructions on the label attached to the source, or permanent container thereof, or in the leaflet or brochure that accompanies the source in a legible and conveniently available form. K.A.R. 28- 35-181d.</p> <p>Such institution, person, or group must conduct a quarterly physical inventory to account for all sources received and processed. Records of the inventory shall be maintained for inspection</p> |

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| | | | <p>by KDHE and shall include the quantities and kinds of radioactive material, location of sources, and the date of inventory. K.A.R. 28-35-181d(g)(3).</p> <p>Each licensee or registrant must keep records showing the receipt, transfer, and disposal of all sources of radiation. K.A.R. 28-35-137.</p> <p>A record of each test for leakage or contamination of sealed sources shall be kept for not less than five (5) years after the record is made. K.A.R. 28-35-227e.</p> <p>Records showing the results of surveys and calibrations shall be maintained for no less than three years after the record is made. <i>See</i> K.A.R. 28-35-227d(a).</p> |

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| 31. | <p>Hospitals:</p> <p>Radiology department X-ray films</p> | <p>Similar to the retention requirements for medical records: Not less than ten (10) years after date of last film or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> <p>After destruction, a summary of the medical record should be maintained for twenty-five (25) years.</p> | <p>A hospital must maintain records for all radiology procedures performed, including reports, printouts, and any films, scans, or other image records as appropriate. CMS, State Operations Manual, Survey Protocol, available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf.</p> <p><i>See also</i> 42 C.F.R. 482.26(d); K.A.R. 28-34-9a(d)(1).</p> |
| 32. | <p>Hospitals:</p> <p>Operating room register</p> | Permanent. | K.A.R. 28-34-17b(e). |
| 33. | <p>Laboratory:</p> <p>Blood and blood product quality control records</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer. However, records must be kept six (6) months past the expiration date in any case.</p> | <p>21 C.F.R. § 606.160(d) requires not less than ten (10) years after processing records have been completed or six (6) months after the latest expiration date, whichever is later. Where there is no expiration date, records must be maintained indefinitely.</p> |

| NO. | RECORD/DATA | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
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| 34. | <p>Laboratory:</p> <p>Blood and blood product testing</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>21 C.F.R. § 606.160(d); 42 C.F.R. § 493.1105(a)(6). <i>See also</i> K.A.R. 28-34-11 for blood banking test reports.</p> <p>If a laboratory ceases operation, it must make provisions to ensure all records are retained and available for the required time frames. 42 C.F.R. § 493.1105(b).</p> <p><i>See also</i> “Laboratory: Test records” (#45) below.</p> |
| 35. | <p>Laboratory:</p> <p>Cytologic and histologic test reports</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>K.A.R. 28-34-11(f)(3); <i>see also</i> K.A.R. 28-34-57(c).</p> |
| 36. | <p>Laboratory:</p> <p>Immuno-hematology quality control records</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>21 C.F.R. § 606.160(d) requires not less than ten (10) years after processing records have been completed or six (6) months after the latest expiration date, whichever is later.</p> |

| NO. | RECORD/DATA | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
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| 37. | <p>Laboratory:</p> <p>Immuno-hematology records</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>42 C.F.R. § 493.1105(a)(6) and 21 C.F.R. § 606.160(d). <i>See also</i> “Laboratory: Test records” (#45) below.</p> |
| 38. | <p>Laboratory:</p> <p>Investigation and corrective action documentation</p> | <p>Not less than two (2) years.</p> | <p>Each laboratory shall undertake an investigation and institute corrective action for all incorrect responses identified in the proficiency testing program. The laboratory shall maintain documentation of the investigation and corrective action for a period of two (2) years. K.A.R. 28-33-12(j)(3).</p> |
| 39. | <p>Laboratory:</p> <p>Pathology test reports</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>Not less than ten (10) years after the date of reporting. 42 C.F.R. § 493.1105(a)(6)(ii).</p> |
| 40. | <p>Laboratory:</p> <p>Proficiency testing records</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>The applicable regulation mandates retention for no less than two (2) years. 42 C.F.R. § 493.1105(a)(4). However, the overarching regulations refer to proficiency testing records as within the “no less than ten (10) years” requirement. 21 C.F.R. § 606.160(b)(5)(v) & (d). Thus, the longer period is recommended.</p> |

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| 41. | <p>Laboratory:</p> <p>Quality control records</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>A laboratory must document and maintain records of all quality control activities and retain such records for at least two (2) years, with the exceptions that immuno-hematology quality control records and blood and blood products quality control records must be maintained for a period of at least ten (10) years after processing records have been completed or six (6) months after the latest expiration date, whichever is the latest date. 42 C.F.R. § 493.1105(a)(3) and 21 C.F.R. § 606.160(d).</p> |
| 42. | <p>Laboratory:</p> <p>Records of test requisitions or test authorizations</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>A laboratory can perform tests only at the written or electronic request of an authorized person. A laboratory must maintain the written authorization or documentation of efforts made to obtain a written authorization. Records of test requisitions or test authorizations must be retained for a minimum of two (2) years. The patient's chart or medical record, if used as the test requisition, must be retained for a minimum of two (2) years and must be available to the laboratory at the time of testing. 42 C.F.R. § 493.1105(a)(1); <i>see also</i> K.A.R. 28-34-9a.</p> |

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| 43. | <p>Laboratory:</p> <p>Slide, block, and tissue retention</p> | <p>Not less than five (5) years from date of examination for cytology slide preparations; not less than ten (10) years from date of examination for histopathology slides; not less than two (2) years from date of examination for pathology specimen blocks; preserve remnants of tissue for pathology examination until a diagnosis is made on the specimen.</p> | <p>42 C.F.R. § 493.1105(a)(7).</p> <p><i>See also</i> K.A.R. 28-33-12(c)(3)(H) (a laboratory quality assurance program shall retain all confirmed positive specimens for at least one (1) year).</p> |
| 44. | <p>Laboratory:</p> <p>Test procedures</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>Retain a copy of each test procedure for at least two (2) years after a procedure has been discontinued. 42 C.F.R. § 493.1105(a)(2).</p> |
| 45. | <p>Laboratory:</p> <p>Test records</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>A laboratory must maintain a record system to ensure reliable identification of patient specimens as they are processed in tests. These records must identify the personnel performing the testing procedure. Records of patient testing, including, if applicable, instrument printouts, must be retained for at least two (2) years. 42 C.F.R. § 493.1105(a)(3).</p> <p>Immunoematology records and transfusion records must be retained for no less than ten (10)</p> |

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| | | | <p>years in accordance with 21 C.F.R. § 606.160(d).</p> <p>One copy of each test requisition, test record, and test report shall be maintained in a readily retrievable manner by the laboratory for a period of two (2) years. K.A.R. 28-33-12(i).</p> <p>In addition, records of blood and blood product testing must be maintained for a period not less than ten (10) years after processing records have been completed, or six (6) months after the last expiration date, whichever is the later date, in accordance with 21 C.F.R. § 606.160(d). <i>See also</i> 42 C.F.R. § 493.1105 and K.A.R. 28-34-11.</p> |
| 46. | <p>Laboratory:</p> <p>Test report</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>The laboratory report must be sent promptly to the authorized person and the original report or an exact duplicate of each test report, including final and preliminary report, must be retained by the testing laboratory for a period of at least two (2) years after the date of reporting. 42 C.F.R. § 493.1105(a)(6).</p> |

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| 47. | <p>Laboratory, Therapy, X-Ray:</p> <p>Appointment book</p> | Eight (8) years. | <p>These should generally be maintained past the statute of repose which is four (4) years for malpractice claims relating to adult patients and eight (8) years for minor patients. <i>See</i> K.S.A. § 60-513(c); § 60-515.</p> |
| 48. | <p>Legal Medical Record:</p> <p>Minimum requirements</p> | <p>Ten (10) years after date of patient’s last discharge or one (1) year beyond date minor patient reaches the age of majority, whichever is longer.</p> <p>Summaries of destroyed documents must be retained for at least twenty-five (25) years.</p> | <p>K.A.R. 28-34-9a(e) and 42 C.F.R. § 482.24(b)–(c) outline the minimum records to be retained.</p> <p>However, it is important to note medical records must “contain sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results accurately.” K.A.R. 28-34-9a(e).</p> <p>While the lists provided in state and federal regulations specify absolute minimums, it is recommended that all records necessary to justify diagnosis, treatment, and outcomes in whatever form be retained for the longest applicable retention period specified for any such record.</p> <p>As part of an update to requirements for</p> |

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| | | | <p>hospitals to have access to Medicare and Medicaid, changes were proposed to federal regulations increasing the specificity required in medical records justifying a patient’s admission and hospitalization.</p> <p>These proposed regulations would require records to contain information “support[ing] the diagnoses, and describ[ing] the patient’s progress and responses to medications and services, and document[ing] all inpatient stays and outpatient visits to reflect all services provided to the patient.” 81 Fed. Reg. 39448-01, 2016 WL 3269884 (F.R.), *39454 (proposed June 16, 2016).</p> <p>Each provider must develop its own definition of what is to be included in the legal medical record that includes the above legal requirements and other helpful information.</p> |
| 49. | <p>Legal Medical Record: Metadata</p> | <p>Ten (10) years after date of patient’s last discharge or one (1) year beyond date minor patient reaches the age of majority, whichever is longer.</p> | <p>Given the broad scope of discovery in civil litigation, metadata embedded in a patient’s record will likely be considered part of the</p> |

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| | | | <p>patient's official or legal medical record. <i>See Guidelines for Cases Involving Electronically Stored Information [ESI]</i>, UNITED STATES DISTRICT COURT FOR THE DISTRICT OF KS (2013), https://ksd.uscourts.gov/wp-content/uploads/2015/10/Guidelines-for-cases-involving-ESI-July-18-2013.pdf; Fed. R. Civ. P. 26(b)(1). Thus, data contained in a patient's electronically stored record should be treated, for retention purposes, like a patient medical record.</p> <p>To avoid liability for evidence spoliation, care should be taken when engaging in activities that may delete metadata. For example, a document created in a Microsoft Word format will not retain its metadata if saved as a PDF document. Thus, consider retaining the native format of such documents.</p> |

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| 50. | <p>Living Will:</p> <p>A written declaration instructing physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition</p> | <p>Two (2) years after revocation or death if not relied upon. If relied upon, keep as part of medical record. (Must be available for subsequent admissions.)</p> | <p>K.S.A. § 65-28,101 (the Kansas Natural Death Act) does not specify any type of retention period. Due to the importance of a Living Will, it is recommended that such be retained for as long as the declarant is alive. If relied upon, it should become a part of the medical record. If a summary is compiled of other medical records, the Living Will should be attached to such summary.</p> <p>This retention recommendation is also applicable to (1) any subsequent written revocation of the declaration, (2) the written certification by the involved physician, and (3) any medical record that reflects a subsequent declaration of a qualified patient. K.S.A. §§ 65-28,103, 65-28,104, 65-28,105 and 65-28,106.</p> |
| 51. | <p>Logs:</p> <p>Respiratory therapy, birth statistics, and the like</p> | <p>Eight (8) years.</p> | <p>Generally, most logs are not maintained as part of the medical record in most hospitals; however, such logs can sometimes be important in the event of an adverse outcome. As such, the logs should generally be maintained beyond the period of the Statute of Repose for malpractice claims. See K.S.A. §§ 60-513(c),</p> |

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| | | | <p>515(a).</p> <p>If such logs are maintained as part of the medical records by a hospital, then follow medical record retention guidelines. <i>See also</i> “Hospitals: Operating room register” (#32), above.</p> |
| 52. | <p>Maternity/Birth center records:</p> <p>Medical records</p> | <p>Patient records: no less than twenty-five (25) years from date of discharge.</p> <p>Quality Assurance Documentation: Three (3) calendar years.</p> | <p><i>See</i> K.A.R. 28-4-1307(c)(4). Mandatory record and report retention requirements are listed in K.A.R. 28-4-1307(b)-(c); 28-4-1308.</p> <p>If a hospital, see also “Hospital: Medical Records” (#29), above.</p> |
| 53. | <p>Medicare Advantage organization</p> | <p>Not less than ten (10) years for all books, records, documents, or other evidence of accounting procedures and practices.</p> | <p>The Medicare Advantage organization’s contract with the CMS must contain a provision that the MA organization agrees to maintain for ten (10) years the following: books, records, documents, and other evidence of accounting procedures and practices as listed in 42 C.F.R. § 422.504(d).</p> |

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| 54. | <p>Medicaid provider participant records:</p> <p>Claims</p> | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>Provider participation requirements in the Medicaid program require that each provider maintain and furnish within the time frame specified in a request any information for five (5) years from the date of service that the Kansas Department for Aging and Disability Services or Kansas Department of Health and Environment, their designees (presumably including the three (3) Managed Care Organizations), or any other government agency acting in its official capacity, may request to ensure proper payment by KanCare or MediKan. K.A.R. 30-5-59(d). <i>See also</i> K.A.R. 30-5-96 (pertaining to any pharmacy provider).</p> |
| 55. | <p>Medical device incident reports</p> | <p>Not less than ten (10) years after date of report or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> | <p>Medical device user facilities must report deaths and serious injuries to which a device has or may have caused or contributed.</p> <p>Additionally, user facilities must establish and maintain adverse event files, and must submit to the federal Food and Drug Administration (FDA) specified follow up and summary reports.</p> <p>A user facility shall retain a</p> |

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| | | | <p>medical device report “event file,” relating to an adverse event for a period of two (2) years from the date of the event. 21 C.F.R. § 803.1 and 21 C.F.R. § 803.18(c). The required reports are listed at 21 C.F.R. § 803.10.</p> |
| 56. | Medical record index number | Permanent. | Also known as the Master Patient Index. |
| 57. | Occupational injuries and illnesses | Not less than seven (7) years following the end of the calendar year covered. | <p>A log and summary of occupational injuries and illnesses must be maintained by each establishment regarding such occupational injuries and illnesses.</p> <p>Additionally, a supplementary record for each occupational injury or illness for that establishment must be maintained.</p> <p>Furthermore, each employer shall post an annual summary of occupational injuries and illnesses for each establishment. 29 C.F.R. §§ 1904.2, 1904.4, 1904.5, 1904.6, and 1904.33. <i>See also</i> “OSHA” (#162), below.</p> |

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| 58. | <p>Outpatient clinic:</p> <p>Appointment books</p> | 8 years. | <p>These should generally be maintained past the statute of repose which is four (4) years for malpractice claims relating to adult patients and eight (8) years for minor patients. <i>See</i> K.S.A. §§ 60-513(c), 60-515.</p> |
| 59. | <p>Outpatient clinic:</p> <p>Register</p> | Permanent. | |
| 60. | Patient index | Permanent. | <i>See also</i> “ Logs ” (#51), above. |
| 61. | Physical therapy outpatient services | Not less than ten (10) years after date of last treatment or not less than three (3) years after a minor reaches the age of majority, whichever is longer. | <p>Outpatient physical therapy services must maintain a clinical record and all clinical information pertaining to a patient must be centralized in the patient’s clinical record. <i>See</i> 42 C.F.R. §§ 485.701, 485.721.</p> |
| 62. | <p>Radiation records:</p> <p>Records of individual monitoring results</p> | Permanent. | <p>Each licensee or registrant under Article 35, chapter 2 of the Kansas Administrative Regulations, shall retain each required form or record until the Kansas Department of Health & Environment terminates each pertinent license or registration requiring the record. K.A.R. 28-35-227c.</p> |

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| | | | <p>Upon termination of the license or registration, the licensee or registrant shall permanently store records on a form approved by the KDHE or equivalent or shall make arrangements with the KDHE for transfer of the records to the KDHE.</p> <p>K.A.R. 28-35-227h. A record of each test for leakage or contamination of sealed sources shall be kept for not less than five (5) years after the record is made. K.A.R. 28-35-227e.</p> <p>For additional required records, see K.A.R. 28-35-227c, 28-35-228a, 28-35-230a, 28-35-230f. Licenses should be reviewed to determine if a different retention period is listed in the license. If no time period is listed in either a regulation or the license, then the records must be retained until the Nuclear Regulatory Commission terminates each license that authorizes the activity that is subject to the recordkeeping requirement.</p> |

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| 63. | <p>Radioisotopes:</p> <p>Receipt, transfer, use, storage, delivery, disposal and reports of over-exposure</p> | Permanent. | <p>A licensee who receives byproduct material from the NRC shall retain each record of byproduct material as long as the material is possessed and for three years following transfer or disposal of the material.</p> <p>The licensee who transferred the material shall retain each record of transfer for three years after each transfer unless a specific requirement in the NRC regulations requires otherwise.</p> <p>The actual license may contain a different requirement from the regulations and, therefore, each license should be reviewed to determine if a different retention period is listed in the license. If no time period is listed in either an NRC regulation or the license then the records must be retained until the NRC terminates each license that authorizes the activity that is subject to the recordkeeping requirement. 10 C.F.R. § 30.51.</p> |

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| 64. | <p>Records:</p> <p>Human tissue intended for transplantation</p> | <p>At least ten (10) years beyond the date of transplantation (if known) distribution, disposition, or expiration of the tissue, whichever is later.</p> | <p>Records shall be maintained concurrently with the performance of each significant step required in the performance of infectious disease screening and testing of donors of human tissue. The records shall identify the person performing the work, the dates of the various entries, and shall be as detailed as necessary to provide a complete history of the work performed and to relate the records to the particular tissue involved. Records required under this part may be retained electronically or as original paper records.</p> <p>Records shall be retained at least ten (10) years beyond the date of transplantation if known, distribution, disposition, or expiration of the tissue, whichever is latest. 21C.F.R. § 1270.33(a), (g) and (h).</p> <p>Records that must be maintained pursuant to this C.F.R. include but are not limited to: Documentation of results and interpretation of all required infectious disease tests, information on the</p> |

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| | | | identity and relevant medical records of the donor as required by 21 C.F.R. § 1270.21(e), documentation of the receipt and/or distribution of human tissue and documentation of the destruction or other disposition of human tissue. 21 C.F.R. § 1270.35. |
| 65. | <p>Social service reporting:</p> <p>Including confidential care histories, photographs, and investigative files not apart of medical record, including child, resident and adult abuse</p> | Five (5) years. | K.S.A. §§ 39-1402, 39-1430. |
| 66. | Surgical records | <p>Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer.</p> <p>Summaries must be maintained for twenty-five (25) years.</p> | Maintain with hospital medical records. |
| 67. | Surgical register or log | Permanent. | |
| 68. | <p>Tracings:</p> <p>Electrocardiogram (EKG) pediatric</p> | If tracings are made, they should be kept as part of the medical record. | |

| NO. | RECORD/DATA | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
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| 69. | Tracings: Electroencephalogram (EEG) | If tracings are made, they should be kept as part of the medical record. | |
| 70. | Tracings: Electromyogram (EMG) | If tracings are made, they should be kept as part of the medical record. | |
| 71. | Tracings: Fetal monitoring | If tracings are made, they should be kept as part of the medical record. | |
| 72. | Tumor registry | Permanent. | |

ADMINISTRATIVE OFFICES

Records contained in this section deal primarily with logistical issues not readily covered by the “Personnel” or “Billing” sections that follow. These records pertain to a medical provider’s day-to-day functioning. Proper retention of these records holds serious Medicaid/Medicare compliance and reimbursement implications. Additionally, certain administrative records can be critical to litigation. Of special note are certain record types that warrant permanent retention. Some of these include: annual board reports (and accompanying minutes), construction contracts, corporate compliance records, financial statements, and medical staff meeting records. Records of board reports and minutes are also important for tax compliance. Because there is no limitation on when the IRS may file suit for filing a fraudulent return, documents that support business structure and financial decisions should be preserved permanently in case of an audit.

Although certain documents do not have a retention period mandated by law, recommendations are generated from consideration of their potential litigation or compliance value balanced against the burden of retaining them. If a sought-after administrative record is not included herein, see the following sections on **Personnel** and **Billing**.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
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| 73. | Annual reports to board | Permanent. | |
| 74. | Appraisal reports | Permanent. | |
| 75. | Audit reports (financial) | Ten (10) years. | |
| 76. | Blue Cross income and expense summaries | Seven (7) years. | |
| 77. | Board minutes | Permanent. | |
| 78. | Call schedules | Eight (8) years | These should generally be maintained past the statute of repose which is four (4) years for malpractice claims relating to adult patients and eight (8) years for minor patients. K.S.A. §§ 60- 513(c), 60-515. |

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| 79. | Census reports | Five (5) years. | |
| 80. | Communicable disease reports required by state and federal health departments | Five (5) years. | <i>See</i> K.A.R. 28-1-18. |
| 81. | Construction contracts | Permanent. | |
| 82. | Corporate compliance: Minutes, Audits, and Reports | Permanent. | |
| 83. | Correspondence | Generally seven (7) years. | <p>Retain only correspondence of continuing interest and review annually. Correspondence involving the care or treatment of a patient should be maintained with the medical record. <i>See also generally</i> “Hospitals: Medical records” (#29), above.</p> <p>Correspondence related to legal proceedings by or concerning a patient, such as a medical malpractice claim, should be kept separate from the patient’s chart. It may be necessary to keep correspondence involving legal and important matters for a longer period. <i>See, e.g.</i>, 31 U.S.C. § 3729, 3731(b).</p> |

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| 84. | Durable Power of Attorney for Health Care Decisions | Indefinite. | See “ Living Will ” (#50) above. |
| 85. | Education: Continuing medical courses offered in hospital | Permanent. | |
| 86. | Endowments, trusts, bequests | Permanent. | |
| 87. | Financial statements | Permanent. | |
| 88. | Hospital closing | See comment. | If a hospital discontinues operation, the hospital shall inform the licensing agency as to the location of its records. K.A.R. 28-34-9a(d)(2). |
| 89. | Hospital Constitution, Articles of Incorporation, and Bylaws, together with all amendments | Permanent. | |
| 90. | Insurance policies (liability) | Nineteen (19) years after last in effect for nursing, medical, hospital, and professional liability policies. | All other insurance policies, no less than five (5) years after last in effect. |
| 91. | Licenses, permits, contracts | Permanent. | |
| 92. | Medicaid cost reports | Six (6) years after final settlement. | |
| 93. | Medical care evaluation/ audit | At least five (5) years after date of filing cost reports. | K.A.R. 129-5-118a. |

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| 94. | <p>Medical staff:</p> <p>Records, minutes of meetings, bylaws, rules and regulations, physician contracts</p> | Permanent. | Personnel records, physician contracts, and privilege action records should be kept seven (7) years after the calendar year in which the termination or separation took place. |
| 95. | <p>Medicare cost reports</p> | Six (6) years after final settlement. | <p><i>See</i> 42 C.F.R. § 482.24(b)(1).</p> <p>Ten (10) years for Medicare managed program providers. <i>See</i> 42 C.F.R. § 422.504.</p> |
| 96. | <p>Nursing:</p> <p>Minutes of meetings; private duty nurse file; training</p> | Six (6) years. | |
| 97. | <p>Peer Review and Risk Management:</p> <p>Including medical staff peer review records</p> | Not less than one (1) year following completion of the facility investigation. (Not less than five (5) years if adverse action is taken). | <p>All risk management AND peer review records (incident reports, investigational tools, minutes of risk management committees and other documentation of clinical analysis for each reported incident), Adverse Finding Reports (filed with a state licensing/regulatory agency), and staff privilege records should be retained for a minimum of one (1) year following completion of the investigation.</p> <p>K.A.R. 28-52-2 relates only to risk management records, but the one (1) year retention period</p> |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | is also recommended for peer review records. Any risk management or peer review record which an adverse privilege action or employment action was taken by the facility should be retained for five (5) years after completion of the facility investigation. These records should be kept separate from patient records. K.S.A. § 65-28,121; § 65-4915 <i>et seq.</i> , § 65-4921 <i>et seq.</i> See also K.A.R. 28-52-2. |
| 98. | Policies and procedures | No less than six (6) years from the date of creation or last effect, whichever is later. | A covered entity must maintain its policies and procedures in written or electronic form for six (6) years from the date of its creation or last effect, whichever is later. See, e.g., 45 C.F.R. § 164.530(j)(2). |
| 99. | Prospective rate review reports | Five (5) years. | |
| 100. | Quality assurance records: QA minutes, departmental QA reports, and QA reports to Hospital Board | Permanent. | Generally, such records should be maintained as long as similar types of records, e.g., board minutes or medical staff meeting minutes. |
| 101. | Real and personal property (other than equipment): Deeds, titles, and leases | Permanent. Term of lease plus seven (7) years. | |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|--------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|
| 102. | Survey and inspection reports | Three (3) years or until next inspection. | |
| 103. | Utilization review | Five (5) years. | All utilization review records should be maintained separate from medical records. |

BUSINESS OFFICE

Business office records should be retained primarily for their tax consequences. Documents reflecting a provider’s financial dealings may be material to an Internal Revenue Service investigation. Thus, the general recommendation for such documents correlates with the statute of limitations for an Internal Revenue review. The IRS recommends keeping certain supporting tax documents for at least six (6) years. Thus, to anticipate and avoid potential tax liability, providers are recommended to retain records such as bank statements, check stubs, vouchers, invoices, and posting audits for at least seven (7) years. Additionally, certain records, such as journals and ledgers, should be preserved permanently. Such documents may be subject to scrutiny at any time and their maintenance may aid in overall bookkeeping.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|---------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 104. | Alien—statement of income paid | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. <i>See</i> 26 U.S.C. § 6501; I.R.S. Publication 583, at 15 (Rev. January 2021). |
| 105. | Balance sheets | Permanent. | May be disposed of if general ledger is maintained. |
| 106. | Bank statements | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 107. | Budgets | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 108. | Cash receipts | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|-------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------|
| 109. | Cashier's tapes from bookkeeping machine | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 110. | Charge slips to patients | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 111. | Check stubs | Seven (7) years. | May be disposed of if other record of checks issued is maintained. |
| 112. | Checks: Payroll | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 113. | Checks: Vouchers | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 114. | Check register | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 115. | Credit and collection correspondence | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 116. | Correspondence, insurance | Ten (10) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 117. | Deposits, bank | Seven (7) years. | So long as contents may be material in the |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| | | | administration of an Internal Revenue law. |
| 118. | Depreciation of equipment records | Permanent. | So long as contents may be material in the administration of an Internal Revenue law. |
| 119. | Equipment leases | Ten (10) years after expiration. | So long as contents may be material in the administration of an Internal Revenue law. |
| 120. | Garnishment records | Seven (7) years. | |
| 121. | Income, daily summary | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 122. | Invoices: Fixed assets | Permanent/life of asset plus seven (7) years. | If the asset is disposed of, these records should be kept a minimum of seven (7) years following disposition. |
| 123. | Accounts payable | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 124. | Accounts receivable | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 125. | Journals (general) | Permanent. | |
| 126. | Ledgers (general) | Permanent. | |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|--------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------|
| 127. | Ledger cards (patient) | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 128. | Posting audits | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 129. | Purchasing orders | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 130. | Unemployment tax records | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 131. | Vouchers: Capital expenditures | Permanent/life of item plus seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 132. | Vouchers: Cash | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 133. | Vouchers: Travel expense | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 134. | Vouchers: Welfare agency records | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |

DIETARY

Dietary records are best analyzed as a specific subset of business records. Retention recommendations center primarily on Internal Revenue Law compliance. However, providers are encouraged to supplement dietary record policies with whatever will best serve the provider's mission.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------------|--------------------|---------------------------------|---------------------------------------------------------------------------------------|
| 135. | Food costs | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |
| 136. | Meal counts | Seven (7) years. | So long as contents may be material in the administration of an Internal Revenue law. |

ENGINEERING

Generally, engineering records should be retained permanently. While this section identifies certain records covered by this recommendation, the list is not exhaustive. Thus, a provider also should consider retaining records similar to those listed herein.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|-----------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 137. | Blueprints of building | Permanent. | |
| 138. | Equipment records: By location | Permanent. | |
| 139. | Equipment records: Inspection reports | Permanent. | At a minimum, all records of inspection should be maintained as long as the equipment is owned and for not less than ten (10) years after the disposition of the equipment. |
| 140. | Equipment records: Operating instructions | Permanent. | |
| 141. | Inspection of grounds and buildings | Permanent. | At a minimum, all records of inspection should be maintained as long as the property is owned and for not less than ten (10) years after the disposition of the property. |
| 142. | Purchase orders | Ten (10) years. | |

ENVIRONMENTAL ISSUES

While earlier sections dealt with environmental records incidental to medical procedures (e.g., radioisotope and radiology records), this section addresses records pertaining to environmental issues head-on. These records relating to handling of medical waste and nuclear medicine calibration are critical to retain because they allow a provider to (1) comply with state and federal regulations and (2) give the provider a means to prove its compliance.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 143. | Medical services waste | Not less than three (3) years or during the course of any unresolved enforcement action or as requested by the Secretary of Health & Environment. | K.A.R. 28-31-262a. Further, K.A.R. 28-29-27 defines and addresses the transportation, processing, segregation, storage, collection and disposal of medical services waste. |
| 144. | Calibration, surveys, tests, and other reports required by the Nuclear Regulatory Commission | Varies. Usually not less than five (5) years. | <i>See</i> 10 C.F.R. § 35.2024 - 35.2655 for the specific retention requirements. |
| 145. | Hospital/ medical/ infectious waste incinerators (HMIWI) | Not less than five (5) years. | 40 C.F.R. §§ 60.30e, 60.32e, and 60.58c require that certain reports be kept on a “calendar quarter” basis. Certain reports must be maintained for five (5) years. 40 § C.F.R. 60.58c(b). It is recommended all reports under these sections be maintained for five (5) years. |

PERSONNEL

While malpractice suits first come to mind when considering the legal responsibilities of a health care provider, employment law concerns are equally germane. As an employer, providers must be cognizant of regulations pertaining to workplace safety (e.g., Occupational Safety and Health Administration (OSHA) regulations) and the potential for liability from employment related actions. Thus, to protect a provider in litigation, providers should retain records that pertain to employment application (advertisements about job opportunities, the application itself, etc.) and conditions of employment (employment policies and employee handbooks, collective bargaining agreements, payroll information, etc.). To aid in compliance, providers should also retain records such as OSHA-required health examination and injury logs, immigration forms, and records of employee exposure to hazardous material.

Personnel records are especially critical to retain in the case of a litigation hold. An employment case may hinge on evidence contained in a seemingly insignificant document, such as an employee handbook. Thus, a provider should carefully develop policies for retaining such documents.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 146. | <p>Advertisements:</p> <p>Including notices to the public or to employees relating to job openings, promotions, and other job opportunities, including orders submitted to any employment agency or labor organization for recruitment of personnel</p> | Not less than one (1) year from date of personnel action. If maintained in employee file, maintain for length of file. | 29 C.F.R. § 1627.3(b)(1). |
| 147. | <p>Applications:</p> <p>Employees</p> | Maintain in employee personnel file and maintain employee's personnel file for no less than seven (7) years after termination of employment. | K.A.R. 50-2-2 requires five (5) years. 29 C.F.R. §§ 1627.3 and 516.5 require three (3) years. We recommend the longer period to provide for retention beyond the statute of limitations on a written employment contract, which is five (5) years. |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 148. | Applications: Non-employees | Seven (7) years. | |
| 149. | Attendance records | Maintain in employee personnel file and maintain employee's personnel file for no less than seven (7) years after termination of employment. | K.A.R. 50-2-2 requires five (5) years. 29 C.F.R. §§ 1627.3 and 516.5 require three (3) years. We recommend the longer period to provide for retention beyond the statute of limitations on a written employment contract, which is five (5) years. |
| 150. | Authorizations: Health, credit, etc. | Not less than seven (7) years after termination of employee. | 45 C.F.R. §§ 164.316(b), 164.530(j)(2). |
| 151. | Basic employment and earnings records, including time and earning cards or sheets | Maintain in employee personnel file and maintain employee's personnel file for no less than seven (7) years after termination of employment. | K.A.R. 50-2-2 requires five (5) years. 29 C.F.R. §§ 1627.3 and 516.5 require three (3) years. We recommend the longer period to provide for retention beyond the statute of limitations on a written employment contract, which is five (5) years. |
| 152. | Collective bargaining agreements | Seven (7) years from last effective date. | K.A.R. 50-2-2 requires five (5) years. 29 C.F.R. §§ 1627.3 and 516.5 require three (3) years. We recommend the longer period to provide for retention beyond the statute of limitations on a written employment |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | contract, which is five (5) years. |
| 153. | Credentialing files for physicians and other practitioners | Permanent*. | *At least for as long as the physician practices at the hospital. |
| 154. | Employee benefit plan documents: Including annual reports, summary plan descriptions, summary annual reports, allocation schedules, distribution records and summaries of material modifications | Permanent. | 29 C.F.R. § 1627.3(b)(2) requires retention for the duration of the plans plus one year. |
| 155. | Employee handbooks | Permanent. | Retain one archive copy of any employee handbook which has been distributed in original form, plus any supplements or amendments thereto. |
| 156. | Employee polygraph records | Three (3) years. | 29 U.S.C. § 2006(d)(4)(C); 29 C.F.R. § 801.20, <i>et seq.</i> |
| 157. | Garnishment records | Seven (7) years. | |
| 158. | Health records | Not less than seven (7) years after termination of employment. | If the health information is a result of an evaluation done by the hospital- employer, then the health information should be maintained in both the personnel record and the medical record. K.A.R. 28- 34-8a(d)(3); 42 C.F.R. 482.24; K.A.R. 28-34-9a. See “Hospital: medical |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| | | | records (#29)” above, for maintenance of medical records. |
| 159. | Immigration forms | Three (3) years after hiring or one (1) year after termination, whichever is longer. | 8 U.S.C. § 1324a(b)(3). |
| 160. | Log & summary of occupational injuries & illnesses and supplementary records | Seven (7) years after end of year referred to in records. | 29 C.F.R. § 1904 <i>et seq.</i> |
| 161. | Medical examinations required by law (OSHA) | Not less than thirty (30) years after termination of employment. | 29 C.F.R. § 1910.1020(d) <i>et seq.</i> ; 29 C.F.R. § 1910.1030 <i>et seq.</i> |
| 162. | OSHA (log, summaries of, supplemental report, and annual report of occupational injuries and illnesses) | Seven (7) years following the end of the year to which they relate. | 29 C.F.R. § 1904 <i>et seq.</i> ; 29 C.F.R. § 1904.33(a). |
| 163. | Payroll deduction authorizations: Insurance | Not less than eight (8) years. | |
| 164. | Payroll: Individual earnings | Permanent. | |
| 165. | Payroll journals | Twenty-five (25) years. | |
| 166. | Payroll rate cards | Permanent. | |
| 167. | Payroll registers | Ten (10) years. | |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 168. | Payroll: Social Security reports | Not less than four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |
| 169. | Pension program | Permanent. | |
| 170. | Personnel file | Not less than seven (7) years after termination of employment. | 29 C.F.R. § 1602.14 requires retention for one (1) year after termination or until final disposition of any charge or action. Kansas law requires retention five (5) years after termination. K.A.R. 50-2-2. We recommend the longer period to provide for retention beyond the statute of limitations on a written employment contract, which is five (5) years. |
| 171. | Posting audits | Seven (7) years. | |
| 172. | Records of employee exposure to hazardous materials | Not less than thirty (30) years after termination of employment. | 29 C.F.R. § 1910.1020 <i>et seq.</i> |
| 173. | Records of prior occupational radiation dose and exposure | Permanent. | |
| 174. | Seniority and merit plans or systems | One (1) year after termination of the plan. | 29 C.F.R. § 1627.3(b)(2). |
| 175. | Unemployment compensation claims and reports | Not less than seven (7) years after termination of employment. | |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|----------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 176. | Unemployment insurance records | Not less than five (5) years from due date of contributions. | K.A.R. 50-2-2. |
| 177. | Volunteer service: Certification of hospital workers | Not less than seven (7) years after termination of employment. | This timeline should be balanced and adjusted according to costs required to maintain such records. |
| 178. | Wage rate tables | Not less than five (5) years from last effective date. | K.A.R. 50-2-2; <i>see also</i> 29 C.F.R. §§ 1602.14 and 1627.3. |
| 179. | Withholding tax exemption certificates (W-4 forms) | Not less than four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |
| 180. | Withholding tax statements (W-2 forms) | Not less than four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |
| 181. | Work schedules | Not less than eight (8) years. | These should generally be maintained past the statute of repose which is four (4) years for malpractice claims and eight (8) years for minors. K.S.A. §§ 60-513(c), 60-515. |

PHARMACY

Pharmacy record retention is based primarily on compliance with state and federal regulations. Certain pharmaceuticals, like controlled substances, are heavily regulated. In such cases, providers are required to keep relevant documents for a legally mandated period. The following retention procedures allow providers to comply with the law and, where certain time frames are not mandated, prove their compliance in other respects. Also included are records incidental to pharmacy operations.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 182. | Alcohol (tax free) records | Seven (7) years. | So long as records may be maintained in the administration of tax law. |
| 183. | Blood donor histories | Seven (7) years. | |
| 184. | Controlled substances records: (All registrants except registered mid-level practitioners and dispensing physicians) | Not less than five (5) years. | All Drug Enforcement Administration (DEA) registrants shall maintain records and inventories and for at least two (2) years from the date of such inventory or records shall make them available for inspection and copying by authorized employees of the Drug Enforcement Administration. 21 C.F.R. § 1304.04; 21 U.S.C. § 827. For list of specific records required to be kept see 21 C.F.R. § 1304.22. |
| 185. | Controlled substances: Initial and biennial inventory records and required records (except dispensing physicians) | Not less than five (5) years after the date of the inventory. | Every inventory or record required to be maintained by the Drug Enforcement Administration relative to controlled substances must meet this provision. 21 |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|-----|-------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>U.S.C. § 827(b). <i>See also</i> 21 C.F.R. § 1304 <i>et seq.</i></p> <p>Each inventory and biennial inventory date record shall be maintained for at least two (2) years after the date of such inventory and biennial inventory date. 21 C.F.R. §§ 1304.04, 1304.11, and 1304.21. Each registered individual practitioner shall maintain the inventories and records of controlled substances listed in Schedules I-V.</p> <p>Additionally, each registered individual practitioner shall maintain the inventories and records of the controlled substances listed in Schedules I and II separate from all of the records of the registrants.</p> <p>Schedules I and II shall also be maintained either separate from all other records of the registrant or in such form that the information required is readily retrievable from the ordinary business records of the registrant. 21 C.F.R. § 1304.04(g).</p> <p>Every registrant under the Kansas Board of Pharmacy shall keep records and</p> |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|-----------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | maintain inventories in conformance with the record keeping and inventory requirements of 21 C.F.R. § 1304.04, which shall be kept on file for a period of not less than five (5) years. K.A.R. 68-20-16. |
| 186. | Controlled substances: Order forms | Not less than two (2) years. | DEA order forms used pursuant to 21 U.S.C. § 828 and 21 C.F.R. §§ 1305.01 and 1308 must be maintained separately from all other records of the registrant and are required to be kept available for inspection for a period of two (2) years. <i>See also</i> K.S.A. § 65-4122. |
| 187. | Controlled substances: Records for maintenance treatment programs and detoxification treatment programs | Not less than two (2) years. | Records required for maintenance treatment programs and detoxification treatment programs shall be maintained in a dispensing log at the narcotic treatment program site in compliance with 21 C.F.R. § 1304.22. <i>See also</i> 21 C.F.R. §§ 1304.24, 1304.04(f). |
| 188. | Controlled substances: Registered mid-level practitioner records-prescribing protocols | Not less than two (2) years. | Each registered mid-level practitioner shall maintain in a readily retrievable manner those documents required by the state in which he/she practices which describe the |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|--------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>conditions and extent of his/her authorization to dispense controlled substances and shall make such documents available for inspection and copying by authorized employees of the Drug Enforcement Administration. Examples of such documentation include protocols, practice guidelines, and practice agreements. 21 C.F.R. § 1304.03(e).</p> <p><i>See also</i> K.S.A. § 65-1130(d) (regarding an advanced registered nurse practitioner's transmittal of prescription orders pursuant to a protocol).</p> |
| 189. | <p>Controlled substances: Registered pharmacy</p> | Not less than two (2) years. | <p>Each registered pharmacy shall maintain the inventories and records of controlled substances listed in Schedules I-V. Additionally, each registered pharmacy shall maintain the inventories and records of the controlled substances listed in Schedules I and II separately from all other records of the pharmacy, and prescriptions for such substances shall be maintained in a separate prescription file. Inventories and records of controlled substances listed in Schedules III, IV</p> |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|-----|-------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>and V shall be maintained either separately from all other records of the pharmacy or in such form that the information required is readily retrievable from ordinary business records of the pharmacy. Prescriptions for such substances shall be maintained either in a separate prescription file for controlled substances listed in Schedules III, IV and V only or in such form that they are readily retrievable from the other prescription records of the pharmacy. 21 C.F.R. § 1304.04(h).</p> |

PUBLIC RELATIONS

Publications that represent a health care provider to the public eye are exceptionally powerful. Whether intended as outreach or advertisement, such materials contribute to the public perception of an organization and, correspondingly, expose it to new liabilities. To anticipate litigation or other potential issues, it is critical to proactively monitor and maintain materials circulated to the public. As such, this section recommends permanent retention of all such records.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------------|------------------------------------|---------------------------------|----------------------------|
| 190. | Clippings (historical) | Permanent. | |
| 191. | Contributor records | Permanent. | |
| 192. | Photographs (institutional) | Permanent. | |
| 193. | Publications (house organs) | Permanent. | |

PURCHASING AND RECEIVING

This section is the logistical complement to the other sections in this guide. Purchasing and receiving records track a provider's transactions and allow it to prove what it purchased or sent and when. These types of records can exist in tandem with any of the above categories to the extent they require making purchases or shipping materials.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------------|------------------------------|----------------------------------------------------------------|----------------------------|
| 194. | Packing slips | Five (5) years. | |
| 195. | Purchasing orders | Ten (10) years (copy of record on voucher in business office). | |
| 196. | Purchase requisitions | Five (5) years. | |
| 197. | Receiving report | Five (5) years (copy of record on voucher in business office). | |
| 198. | Returned goods credit | Five (5) years (copy of record on voucher in business office). | |

TAXATION

Tax records contained in this section primarily pertain to tax filing and returns. Also included are documents material to the acquisition and sale of assets, which may also influence tax filings. The retention period suggested for these records reflects the statute of limitations within which the Internal Revenue Service may assess a provider for tax liability.

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 199. | Income tax returns | Permanent. | Includes information submitted with returns. |
| 200. | IRS exemption letters | Permanent. | IRS exemption letters include determination letters, private letter rulings and closing agreements. |
| 201. | Records material to acquisition and sale of assets | Seven (7) years after April 15 of the calendar year following the year the asset is sold and reported in the return. | A business should keep records of any depreciable assets' date of purchase, costs, date of sale and amount sold for, for depreciation and amortization purposes. The information should be maintained until the statute of limitations runs on the return for which the sale of the asset is reported. |
| 202. | Records material to filed employment tax returns | Seven (7) years after April 15 of the calendar year following the year in which filed. | Records should be maintained at least as long as the statute of limitations of the return from the date filed on April 15 of the year due, whichever is later. |
| 203. | Records material to other tax returns | Seven (7) years after the due date of the return in question or the date the return was filed, whichever is later. | Records should be maintained at least as long as the statute of limitations of the return from the date filed or |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | April 15 of the year due, whichever is later. |
| 204. | Sales or use tax records | Seven (7) years from the last day of the calendar or fiscal year, whichever is later. | Records should be maintained at least as long as the statute of limitations of the return from the date filed on April 15 of the year due, whichever is later. |
| 205. | State revenue and federal IRS audit reports | Ten (10) years. | |
| 206. | W-2 forms and quarterly payroll tax reports, including undeliverable W-2 forms | Four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1 |
| 207. | W-4 forms and other IRS employment forms | Four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |
| 208. | Withholding: Federal & state income tax | Four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |
| 209. | Withholding: FICA taxes | Four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |
| 210. | Withholding: FUTA taxes | Four (4) years after taxes are paid or due, whichever is later. | 26 C.F.R. § 31.6001-1. |

MISCELLANEOUS

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 211. | Federal Food, Drug, and Cosmetic Act records; request and receipt forms; and other required records | Three (3) years. | |
| 212. | HIPAA records Includes all policies and procedures, notices, complaints, and actions taken to comply with HIPAA requirements | Not less than six (6) years from the date of creation or from the date such records were last in effect, whichever is later. | 45 C.F.R. §§ 164.530(i), (j)(2), 164.316(b)(2)(i). |
| 213. | Housekeeping room records | Five (5) years. | |
| 214. | Medical advice given over telephone | Not less than ten (10) years after date of last treatment or not less than one (1) year after a minor reaches the age of majority, whichever is longer. (Twenty-five (25) years for summaries.) | Should be maintained with patient medical records. |
| 215. | Patient name index | Permanent. | This is an index that merely references that a person has been a patient of the hospital. |
| 216. | Permits Alcohol & narcotics | Life of permit plus six (6) years. | |
| 217. | Return goods memoranda (if records are duplicated in business office) | One (1) year. | |

| NO. | TITLE | RETENTION RECOMMENDATION | CITATIONS/ COMMENTS |
|------|------------------------------------------------------------------------------|----------------------------|---------------------|
| 218. | Third-party payor insurance-claims files and supporting documentation | Ten (10) years. | |
| 219. | Video tapes of procedures | No time limit is required. | |

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