

**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

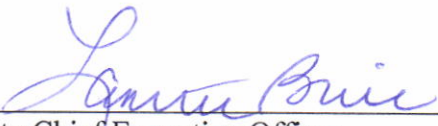
POLICY NUMBER: 0516-15

CATEGORY: Administrative Services

CONTENT: HCSD Record Retention

EFFECTIVE DATE: Issued: June 15, 2004
Revised: April 25, 2006
Reviewed: February 26, 2008
Reviewed: October 1, 2010
Reviewed: July 27, 2012
Reviewed: July 23, 2013
Revised: February 28, 2014
Revised: August 24, 2015

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Deputy Chief Executive Officer
LSU Health Care Services Division

9/15/15

Date

I. Purpose, Reference and Responsibility

A. Purpose

The purpose of this policy is to establish guidelines and procedures for the retention of Public records.

B. References

(See Attachment A)

Responsibility

Exhibit A, "Document Retention Schedule," identifies the appropriate Sections responsible for maintaining and archiving the source documents covered by this policy. Each Section identified in Exhibit A is responsible for complying with and enforcing the following policies and procedures.

II. Applicability and Definitions

A. Applicability

This policy applies to all Public records in the administrative office and Lallie Kemp Regional Medical Center. The period of time noted in the column entitled "Destroy After" on the Records Retention Schedule shall not be modified; however the hospital administrator or his designee may request a modification in the period of time listed in the columns entitled "In Office" and "Records Center", provided the total period of time a record is retained is not reduced lower than the amount in the "Destroy After" column. In any event, the "In Office" column and the "Records Center" column must add up to equal the total listed in the "Destroy After" column.

The facility revisions to Exhibit A **must** be routed to Medical Records-Administrative Office for approval prior to implementation. The revised Records Retention Schedule will be submitted to the HCSD Executive Project Manager, for review, and preparation of the necessary forms to be submitted to the Secretary of State. All required forms will be submitted to the LSU HCSD Deputy CEO for review, signature and submittal to the Louisiana Secretary of State's Office.

III. Policy

A. General

This policy addresses retention of Public records as required for external and internal review. The policy requirements, rules, and regulations vary between the many entities that provide financial resources to LSU HCSD. This policy takes all of the varying requirements into consideration in order to make certain that records are retained for archive and audit purposes.

B. Departmental Records Retention Responsibilities

Departments are responsible for maintaining supporting documentation for records initiated by the department. Attachment A identifies the following documents as being the responsibility of the respective departments: (see attached, Attachment A)

C. Exception to Retention Period

The only exceptions to the above retention periods are as follows:

If any litigation, claim, or audit is started before the expiration of the required retention period, the records shall be retained for four years following resolution and final action on any litigation, claims or audit findings involving the records.

When records are transferred to or maintained by a different Federal or State agency, the record retention and compliance of the policy regarding records retention is the responsibility of that agency.

D. Access to Records

A Federal awarding agency, the Inspector General, Comptroller General of the United States, or any of their duly authorized representatives, state auditors, internal auditors, and other sponsored program representatives as specified in written agreement have the right of timely and unrestricted access to any pertinent records of the HCSD in order to conduct audits, examinations, excerpts, transcripts and copies of such documents.

This right also includes timely and reasonable access to HCSD personnel for the purpose of interview and discussions related to such documents. The rights of access in this paragraph are not limited to the required retention period, but shall last as long as records are retained. Pursuant to and in compliance with HIPPA guidelines, any request to review records that might compromise patient confidentiality must be made in writing to the Deputy CEO and or his/her designee for review and approval prior to the records being made available.

E. Limits on Public Access

Unless required by statute, no Federal awarding agency shall place restrictions on the HCSD that limit public access to the records of the HCSD that are pertinent to a sponsored program, except when the Federal awarding agency can demonstrate that such records shall be kept confidential and would have been exempted from disclosure pursuant to the Freedom of Information Act (5 U.S.C. 552) if the records had belonged to the Federal awarding agency.

F. Disposal of Records After The End of The Retention Period

The respective Section as noted in Exhibit A of this policy, and or its designee, will have the responsibility of disposing of the records that are no longer required for retention or access as soon as possible after the expiration of the retention period.

G. Content

The content of a system-wide standard or best practices shall be, at a minimum, as specified in the sections above.

H. Assessment

The LSU HCSD Deputy CEO shall annually confirm that all reporting requirements, guidelines, rules, regulations, time delays for record retention as outlined in this document have been met.

I. Implementation

This policy becomes effective upon the approval and signature of the Deputy CEO of the LSU HCSD. Subsequent revisions to this policy shall become effective on the date the policy or revised policies are approved by the Deputy Chief Executive Officer of LSU HCSD and/or his or her designee.

J. Responsibility

It shall be the responsibility of each Departmental Director and Hospital administrator and/or his or her designee to adhere to the procedures set forth in this policy.

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