

# SAMPLE

## ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Number:	Page: 1 of 2	Department: <b>H2E MEDICAL CENTER POLICY</b>
Subject:	Confidentiality Operations	Approved By:
Title:	Confidential Waste Management, not including electronic media	Approved By:
Effective:		Revised:

### **PURPOSE:**

In accordance with HIPAA regulations, state statutes and internal confidentiality policies (*list here H2E Medical Center* will incorporate the following policy for the proper definition and disposal of paper, records, documents, forms, notes, labels, plastic and glass that convey confidential medical information.

### **OBJECTIVE:**

- A. Establish a chain of custody for confidential materials that ensures a secure method for containing, collecting, transporting, storing and transferring confidential waste so that information is not at risk of release.
- B. Contain, store, and transfer confidential documents as part of *H2E Medical Center's Recycling Program*.

### **CONFIDENTIAL WASTE DEFINED:**

1. Legally Protected Information:
  - a. Patient care records (including mental health records), medical records, referral forms, research records, practitioner notes, pharmaceutical prescriptions and any document or material that contains a patient identifier (name, address, phone number) and diagnostic information.
  - b. Peer review, quality management, utilization review, risk management, credentialing files.
  - c. Regulatory reports, incident reports, unusual occurrence reports, child abuse reports.
2. Internal Confidential Information
  - a. Proprietary information
  - b. Financial records and reports
  - c. Business transaction records
3. Personal Privacy Information
  - a. Social Security numbers with member/staff names or address
  - b. Member credit card numbers and personal financial data
  - c. Medicare/Medi-Cal identifiers

NOTE: The procedure below assumes H2E Medical Center has performed a "Confidential Paper Disposal/Destruction Assessment" and has approved the list of appropriate materials in paper (confidential and/or non-confidential) container, container placement options, onsite vs. offsite destruction options (i.e. where bulk of shredding or destruction is taking place), and final disposition.

**PROCEDURE:**

## 1. Generating Department Responsibility

## A. Option I

i. Departments generating confidential papers will deposit their materials into a standardized approved [recycling or solid waste](#) receptacle. Departments with public access shall use a standardized approved recycling or solid waste receptacle with a matching tight fitting lid with a slotted top or hinged access.

ii. [Define standardized approved receptacle](#). (Facility to determine what receptacle is to be used)

## B. Option II

i. A department that generates confidential papers may elect to shred their materials in their department.

ii. Procuring and operating the shredder will be the responsibility of the generating department. (*facility may want to suggest standard support shredders*).

iii. *Facilities Services or Environmental Services* will collect shredded confidential papers.

## C. Option III

i. Certain departments may generate highly sensitive documents in large volumes, necessitating purchased contract services for material destruction. (i.e., materials coming out of document retention).

ii. *If large industrial shredder is onsite, generators of large volumes, or of highly confidential or sensitive materials may be able to make arrangements to visually inspect document destruction.*

2. *Facilities Services or Environmental Services* ResponsibilityA. *Facility Services – Environmental Services (ES)* will be responsible for transferring the confidential waste into a transport container and leaving the standard collection receptacle in the department.

i. ES will have custody of the discarded confidential information from the point of collection in the generating department.

ii. ES or department personnel will collect the confidential materials, tying the clear liners securely, transferring them from the department receptacle into a wheeled, closed or attended transport container.

iii. EVS will transport the confidential material directly to the [appropriate waste storage bin](#).

iv. ES, or departmental personnel, will deposit confidential paper waste into “secure” (*define what this means – locked, unlocked, covered or not*) recycling bins that may or may not require being locked after deposit. All other confidential waste will be deposited into a (*locked* ?) solid waste bin or compactor in a secured area that is closed and locked after deposit.

v. ES will release the locked bins to a contracted recycler or solid waste hauler on a regular and set schedule. The contracted recycler or solid waste hauler will be required to accept custody of the confidential material and contractually assure Kaiser Permanente that there will be no release negligent or otherwise of confidential papers through the recycling or disposal process.

vi. *Facilities Services or ES* will maintain records of contractor compliance.