Jefferson Rehabilitation and Health Center

Records Disposition Authority

Revision Approved by
the Local Government
Records Commission
January 25, 2006

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Jefferson Rehabilitation and Health Center Records Disposition Authority

This records disposition authority (RDA) is issued by the Local Government Records Commission under authority granted by the Code of Alabama 1975, Sections 41-13-5 and 41-13-22 through -24. It was compiled by the Government Records Division, Alabama Department of Archives and History (ADAH), which serves as the commission's staff, in cooperation with representatives of the Jefferson Rehabilitation and Health Center. The RDA lists records created and maintained by the health center in carrying out its mandated function and subfunctions. The RDA establishes retention periods and disposition instructions for those records and provides legal authority for the center to implement records destruction.

Alabama law requires public officials to create and maintain records to document the business of their office. The records must be protected from "mutilation, loss, or destruction," so that they may be transferred to an official's successors in office and made available to members of the public. Records must also be kept in accordance with auditing standards approved by the Examiners of Public Accounts (Code of Alabama 1975, Sections 36-12-2, 36-12-4, and 41-5-23). For assistance in implementing this RDA, or for advice on records disposition or other records management concerns, contact the ADAH Government Records Division at (334)242-4452.

Explanation of Records Requirements

- This RDA supersedes any previous records disposition schedules governing the retention of the health center's records. Copies of superseded schedules or RDAs are no longer valid and may not be used for records disposition.

- This RDA establishes retention and disposition instruction for the center's records. It does not require the creation of any record not normally created in the conduct of business, although the creation of certain records may be required by administrative procedures, work responsibilities, audit requirements, or legislative mandates. The health center may not necessarily create all of the records listed below.

- This RDA establishes retention and disposition instructions for records listed below, regardless of the medium on which those records may be kept. Electronic mail, for example, is a communications tool that may record permanent or temporary information. As for records in any other format, the retention periods for e-mail records are governed by the requirements of the subfunctions to which the records belong.

- Certain other short-term records that do not materially document the work of an agency may be disposed of under this RDA. Such materials include: (1) duplicate record copies that do not require official action, so long as the creating office maintains the original record for the period required; and (2) transitory records, which are temporary records created for short-term, internal purposes that may include, but are not limited to: telephone call-back messages; drafts of ordinary documents not needed for their evidential value; copies of material sent for

information purposes but not needed by the receiving office for future business; and internal communications about social activities. They may be disposed of without documentation of destruction. Other items that may be disposed of without docoumentation of destruction include: (1) catalogs, trade journals, and other publications received that require no action and do not document activities; (2) stocks of blank stationery, blank forms, or other surplus printed materials that are not subject to audit and have become obsolete.

- Any record created by the health center prior to 1900 should be regarded as permanent.

Records Disposition Requirements

This section of the RDA is arranged by subfunctions and lists records created and/or maintained by the health center in carrying out those subfunctions. The center may submit requests to revise specific records disposition requirements, or to create requirements for additional records, to the Local Government Records Commission for consideration at its regular quarterly meetings.

1. Making Policy and Establishing Procedures

No.	Record Title	Disposition
1.01	**Meeting Records**	
a.	**Meeting minutes and attachments to the minutes of the governing board.** These are official minutes of meetings of the governing board, including minutes of the hospital board, if one existed prior to the establishment of the health center. These records may also include the agenda and any attachments provided to board for action at the meeting, such as financial reports, project reports, surveys, and hospital and employee newsletters.	**PERMANENT**
b.	**Minutes of subsidiary/departmental committees.** These are minutes of subsidiary or specialized committees, such as the blood/tissue utilization committee, compliance committee, risk management committee, and credentialing committee, as well as of department meetings. Reports on these meetings will eventually be summarized in the minutes of policy-making committees.	Retain 3 years.
c.	**Recordings of meetings.** Recordings of meetings on tape or in electronic format are generally used to assist in preparation of the minutes.	Retain until final approval of the minutes.

No.	Record Title	Disposition
1.02	**Policies and Procedures**	
	a. Administrative policies and procedures. Policies and procedures that are mandated or go to the board for approval apply to the entire hospital rather than to a specific program area. These policies and procedures address broad categories such as patient rights, organizational ethics, assessment and care of patients, patient and family education, organizational goals and performance, HIPPA guidelines, management of the hospital environment, and human resources policies.	**PERMANENT**
	b. Departmental/programmatic policies and procedures. These are policies and procedures that apply specifically to a certain program, e.g., nursing or pharmacy, or that apply to technical aspects of patient care or other programmatic functions.	Retain 5 years.
1.03	**Administrative Correspondence.** Internal or external correspondence on policy-related issues may be initiated or received by, for example, the chief administrative officer. These records do not include day-to-day correspondence on routine health center affairs.	**PERMANENT**
1.04	**Routine Correspondence.** Correspondence related to the day-to-day operations of health center offices.	Retain 3 years.

2. Providing Direct Health Care Services

No.	Record Title	Disposition
2.01	**Patient Medical Records.** These records include the complete, current medical record for every patient seeking care or service from the health center. Besides identifying information, they may contain all diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.	Retain 10 years after creation or for useful life. Retain records of minors 10 years or until individual reaches age 21, whichever is longer.

No.	Record Title	Disposition
2.02	**Nursing and Ambulatory Patient Records**	
a.	**Nursing home patient medical records.** Medical records for patients in long-term nursing care facilities attached to health care authority or county nursing homes. May include identifying information, diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.	Retain 5 years after patient leaves the facility.
b.	**In-home nursing patient medical records.** Medical records for patients nursed at their homes by nursing staff provided by the health care authority or hospital. May include identifying information, diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.	Retain 5 years after last contact with patient.
c.	**Ambulatory patient medical records.** These are medical records for patients treated at rural health clinics, surgery clinics, ob/gyn clinics, or other clinics or outpatient services provided by the health center. They may include identifying information, diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.	Retain 5 years after last contact with patient.
2.03	**Appointment Books/Sign-In Sheets.** These records are created primarily in clinics and for out-patient surgery. They indicate patients' appointment and arrival times.	Retain for useful life.
2.04	**Registers and Logs**	
a.	**Admissions register.** This is a chronological listing of all patients admitted to the hospital.	Retain 10 years after last entry.
b.	**Birth register.** This is a chronological listing of all births occurring at the hospital.	Retain 10 years.
c.	**Death register**. This is a listing of all deaths that occur at the hospital; it includes name, date of death, cause of death.	Retain 10 years.
d.	**Outpatient/ambulatory patient register.** This is a chronological listing of outpatients/ambulatory patients; it includes identifying information, physician's name, and procedures performed.	Retain 10 years after last entry.

No.		Record Title	Disposition
2.04	e.	**Tumor register.** This is a listing of all cases of cancer seen at the hospital.	Retain 10 years after last entry.
	f.	**Central sterile log.** These are records of results of daily checks for sterilization effectiveness.	Retain 10 years after last entry.
	g.	**Delivery room register.** This is a chronological listing of names of those utilizing the delivery room and date of use.	Retain 10 years after last entry.
	h.	**Emergency room log.** This is a chronological listing of patients seen in the emergency room.	Retain 10 years after last entry.
	i.	**Surgical/recovery log.** This is a chronological listing of patients undergoing procedures in the operating room and subsequently receiving treatment in the recovery room.	Retain 10 years after last entry.
	j.	**Observation log.** This is a listing of patients in the hospital for observation lasting less than 24 hours.	Retain 5 years after last entry.
	k.	**X-Ray log.** This is a listing of patients to whom X-Rays are administered.	Retain 7 years after last entry.
2.05	**Indices**		
	a.	**Patient index.** This index contains the names of all patients seen at any hospital or clinic service; it serves as a reference guide to the patient medical files.	Retain patient information 20 years after creation or for useful life **(?)**
	b.	**Physician index**. The physician's index lists each patient's name, the date and time of service, the attending physician's name, medical records numbers, and procedures performed.	Retain 10 years.
	c.	**Disease/operation/surgical index.** This index serves as a reference to diseases treated and operations performed at the hospital.	Retain 10 years.
	d.	**Nursing unit patient index.** This index serves as a reference to patients currently being treated in a hospital unit. It may also include floor census records, which are used to track room usage and the number of beds available.	Retain for useful life.

No.	Record Title	Disposition
2.06	**Emergency Room "On Call" Physicians List.** These records document which physicians were on call to work in the ER on any given shift.	Retain 5 years.
2.07	**Staffing Sheets.** Daily lists are maintained to document the names of employed clinical staff who worked shifts in the various hospital units on a particular day.	Retain 5 years.
2.08	**Organ Donation/Transplant Tracking System Records.** This centralized records system documents the receipt and disposition of all organs and tissues donated or transplanted in the hospital. It may include organ or tissue type, donor ID number, name and license number of the organ or tissue procurement or distribution facility, recipient's name and ID number, name of doctor performing transplant, date of procedure.	Retain 20 years.
2.09	**Videotapes of Special Procedures/Surgery**. Videotapes are used to document how a procedure was carried out or for educational purposes.	Retain for useful life.
2.10	**Social Services Records.** These records document discharge planning; they include referrals to nursing homes, county departments of social services, home health services, or other facilities, as well as patient tracking records.	Retain 3 years.
2.11	**Statistical Reports.** Medical statistical reports are required by the health center and various regulatory agencies. They are usually prepared monthly to document admissions, patient demographic information, types of illnesses treated and surgeries performed. This series does *not* include the health center's annual report.	Retain 5 years.
2.12	**Infection Control Records.** These records document the hospital's infection control program. They include investigation reports, procedures testing and evaluation, surveillance records and logs, and reports of employee exposure.	Retain 10 years.

3. Providing Diagnostic and Laboratory Services

No.	Record Title	Disposition
3.01	**Cytology Slides.** These slides are prepared for the analysis of blood fluid samples, as governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1257.	Retain 5 years.
3.02	**Histopathology Records.** These records are related to the analysis of bodily tissues, as governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1259.	
	a. Specimen blocks. These are paraffin blocks in which specimens and samples are preserved.	Retain 2 years.
	b. Stained slides. These slides are created from tissue samples.	Retain 10 years.
3.03	**Immunohematology Records.** These records document each step in the processing, testing, and reporting of patient specimens to assure the accuracy of the testing. They are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1107.	Retain 5 years.
3.04	**Pathology Reports.** These records concern the pathology of samples analyzed by the laboratory as a result of surgeries; they are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 498.1259.	Retain 10 years.
3.05	**Proficiency Testing Records.** These records document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. They include signed Attestation Statements and recommendations to improve performance. The records are governed by the Clinical Laboratory Improvement Act of 1988 42 CFR 493801 and 823.	Retain 2 years.
3.06	**Quality Control Records**	
	a. Laboratory. These records include signed Attestation Statements. They are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1107.	Retain 2 years.

No.		Record Title	Disposition
3.06	**b.**	**Immunohematology**	Retain 5 years.
	c.	**Mammography**	Retain 1 year.
3.07		**Test Records.** These records may include records of patient tests, instrument printouts, test reports, test requisitions, and test authorizations. They are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR. 493.1107 and 1109.	Retain 2 years.
3.08		**Blood Bank Records.** These records document such information as dates of donation, patient typing, reactions, blood product storage, distribution and inspection, errors and accidents; and final disposition reports.	Retain 5 years.
3.09		**X-Ray Films, Scans, and Other Images.** These records include all images produced by diagnostic procedures.	Retain 5 years.
3.10		**Radiology/Nuclear Medicine Operational Records**	
	a.	**Employee monitoring reports.** These records document the testing of employees' radiation levels. They are governed by federal and state laws and regulations.	**PERMANENT**
	b.	**Instrument and equipment records.** These records include calibrations and records of maintenance.	Retain 5 years.
	c.	**Radiation and contamination records.** These records include any reports of contamination, as well as records documenting inspection by state and federal agencies, audit reports, and reports of error correction. They are governed by federal and state laws and regulations.	Retain 5 years.
	d.	**Radioisotope records.** These records may include evidence of the receipt, transfer, use, storage, delivery, and disposal, as well as over-exposure reports. They are governed by federal and state laws and regulations.	**PERMANENT**

No.	Record Title	Disposition
3.11	**Electronic Monitoring/Tracing Strips/Videotapes.** These are records of capnography, EEG, EKG, fetal monitoring, pulse oximetry, stress test, and treadmill tests.	
	a. When strips/videotapes are not a part of medical record	Retain for useful life.
	b. When strips/videotapes are a part of medical record	Retain for life of medical record.

4. Dispensing Medications

No.	Record Title	Disposition
4.01	**Inventories and Order Forms.** These records includes inventories of both controlled and non-controlled substances and inventories of drugs destroyed or disposed of. They are governed by 21 CFR 1304.04 and 1305.13.	Retain 2 years.
4.02	**Narcotics Records.** These records document tracking of the distribution of controlled substances, as governed by 21 CFR 4304.03.	Retain 2 years.
4.03	**Prescriptions.** Doctors' written doctors' prescriptions are maintained by the pharmacy; as governed by 21 CFR 1306.25.	Retain 2 years.
4.04	**Pharmacy Patient Records.** These records document all patients served by the hospital pharmacy. They include identifying information; new and refilled prescriptions; and information about allergies, drug reactions, and chronic conditions.	Retain 2 years after last entry.
4.05	**Adverse Drug Reaction Reports.** These reports to the Food and Drug Administration describe adverse reactions to drugs dispensed by the pharmacy.	Retain 3 years.

5. Providing Food and Nutritional Services

No.	Record Title	Disposition
5.01	**Food Service Sanitation and Inspection Records.** These records document inspections by the county health department or other regulating agency; as well as environmental monitoring of food preparation and storage areas and insect/rodent prevention and treatment.	Retain 5 years.
5.02	**Dietary Recipe Records.** Recipes are used in preparation of patient meals; the records may include nutritional analysis, ingredients, and serving size.	Retain for useful life.
5.03	**Menus.** These are lists of food choices served by the health center to patients on a particular day, as governed by 42 CFR 483.480.	Retain for useful life.
5.04	**Food Service Operational Files.** These records document routine food service operations, based on U.S. Department of Agriculture requirements. They may include reconciliation reports, patients served counts, commodity inventories, meal production records, and customer surveys.	Retain 2 years following audit.

6. Educating the Public

No.	Record Title	Disposition
6.01	**Educational Program Records–Community Based**	
	a. Educational program operational records. These records document the routine operation of educational programs; they may include participant rosters, fees, correspondence, and evaluations.	Retain 5 years.
	b. Educational program materials. These records document the program's goals, overall description, and publicity.	
	Educational program materials documenting major programs and initiatives may be placed in series 7.01, Health Care Authority Institutional History files.	**PERMANENT**
	Other materials	Retain for useful life.

7. Administering Internal Operations–Managing the Agency

No.	Record Title	Disposition
7.01	**Health Center Institutional History Files.** These records include scrapbooks, newspaper clippings, organizational charts, ledgers, photographs, videotapes, newsletters, brochures and other publications, anniversary books, or other volumes compiling historical information about the health center.	**PERMANENT** (May be transferred to a local library, archives, or historical society under the terms of a local government records deposit agreement.)
7.02	**Mailing Lists.** These are various standard lists of names and addresses used by the health center.	Retain for useful life.
7.03	**Telephone and Fax Machine Contact Logs.** These are lists of telephone and fax machine contacts and related data.	Retain for useful life.
7.04	**Administrative Reference Files.** These are materials not created by the health center; they are collected and used only as reference sources of information.	Retain for useful life.
7.05	**Board Appointment Records.** These records provide official documentation of the appointment of health center board members.	Retain 2 years following audit.
7.06	**Board Meeting Notices.** These are official notifications of the time and place of regular and special meetings.	Retain 2 years following audit.

No.	Record Title	Disposition
7.07	**Accreditation Records.** These records document the health center's accreditation and approval to provide health care services to the public. They include all licenses and permits required by the state or federal government.	Retain 3 years after accreditation, license, or permit is renewed, superseded, or terminated.
7.08	**Calendars.** These are desk calendars and other scheduling devices for health center executive staff.	Retain 1 year.
7.09	**Annual Reports.** These are yearly summaries of the health center's activities and financial status, as required by the county commission or accrediting agencies.	**PERMANENT** (May be placed in series 7.01, Health Center Institutional History Files.)
7.10	**Publicity and Informational Materials.** These records may include news releases, newsletters, brochures, periodicals, photographs, videotapes, audiotapes, speeches, and public service announcements.	
	a. Materials documenting major programs and community initiatives	**PERMANENT** May be placed in series 7.01, Health Center Institutional History Files.
	b. Subsidiary materials	Retain for useful life.
7.11	**Risk Management Records.** Risk management program files include records of employees' continuing safety education and training, incident and accident reports, and reports of patient grievances.	Retain 3 years.

No.	Record Title	Disposition
7.12	**Legal Case Files.** These records document civil law suits filed by or against the health center and hearings conducted by the health center board.	Retain 6 years after the case is closed.
7.13	**Records Management Documentation**	
a.	**Records documenting implementation of the health center's RDA.** These records include records management plans, records inventories, finding aids, and destruction notices.	Retain 2 years following audit.
b.	**Copy of approved RDA.** The RDA provides legal guidelines for the disposition of all health center records. The center should maintain a signed copy of the RDA.	Retain 2 years following audit period in which the RDA was superseded.
c.	**Medical records external checkout system records.** These records document the checking out and return of patient medical records, as well as requests for copies and release of information forms. This disposition also applies to the medical records tracking system required by HIPPA regulations.	Retain 6 years after the end of the fiscal year in which the records were created.
d.	**Local records deposit agreements.** These are formal agreements that may be executed by the health center so that a local records repository (library, archives, or historical society) may maintain its long-term records. The agreement should include an inventory of records in the repository.	Retain 10 years after termination of the agreement.
7.14	**Computer Systems Documentation.** These records include hardware and software manuals and diskettes, and warranties. Disposition: Retain former system documentation 2 years following the audit period in which the former hardware and software no longer exist anywhere in the agency, and all permanent records have been migrated to the new system.	

No.	Record Title	Disposition
7.15	**Websites.** The health center may develop a website for responding to public inquiries and publicizing information on services, the location of hospitals and clinics, staff names and contact information, and other information of interest to the public.	**PERMANENT** Preserve a complete copy of the website annually, or as often as significant changes are made.

8. Administering Internal Operations–Managing Finances

No.	Record Title	Disposition
8.01	**Budgeting Records.** These records document the preparation of a budget request package and reporting of the status of funds, requesting amendments of allotments, and reporting program performance.	Retain 2 years following audit.
8.02	**Purchasing Records.** These records document the requisitioning and purchasing of supplies and equipment, receipting and invoicing for goods, and authorizing payment for products. They may include purchase orders, invoices, and receiving reports.	Retain 2 years following audit.
8.03	**Accounting Records**	
	a. Records of original entry. These records include journals; registers and subsidiary ledgers; and records of deposits of funds, including canceled checks, check stubs, deposit slips and other banking records, and receipt books.	Retain 2 years following audit.

No.	Record Title	Disposition
8.03	b. **General ledgers/detailed year-end trial balances.** These are records of final entry for all financial transactions; annual financial summaries that may be in the form of manually-generated, bound ledgers or computer print-outs of year-end trial balances.	
	Records created before 1975	**PERMANENT**
	Records created in or after 1975	Retain 10 years after the end of the fiscal year in which the records were created.
8.04	**Travel Records.** These records document requests for authorization from supervisors to travel on official business and related materials, such as travel reimbursement forms and itineraries.	Retain 2 years following audit.
8.05	**Contracts.** These records document contracts for services or personal property.	Retain 6 years after termination.
8.06	**Audit Reports.** These records include both independent audits and Examiners of Public Accounts audits of the health center.	**PERMANENT**
8.07	**Bond Records.** These records document bonds issued by the health center and its adherence to all applicable laws regarding issuance.	Retain 2 years following audit.
8.08	**Investment Records.** These records document the health center's investment activities, as allowed under the Code of Alabama 1975, Section 22-21-318.	Retain 2 years following audit.
8.09	**Insurance Records.** These records document insurance claims and payments for services, including Medicaid and Medicare claims.	Retain 2 years following audit.

No.	Record Title	Disposition
8.10	**Federal and State Grant Project Files**	
	a. Supporting documentation. These records include background materials, financial reports, interim reports, and any other supporting documentation for grants that have been awarded, as well as all records relating to grant applications that have been rejected.	Retain 6 years after submission of final report or the denial of application.
	b. Final reports. Final narrative summaries are submitted according to the requirements of the funding agency.	**PERMANENT** May be placed in series 7.01 Health Center Institutional History Files.

9. Administering Internal Operations–Managing Human Resources

No.	Records Title	Disposition
9.01	**Job Recruitment Materials.** These records document efforts by the health center to advertise positions and attract qualified personnel.	Retain 3 years.
9.02	**Position Classification Materials.** These records document requirements, descriptions, and salary ranges for health center positions.	Retain 4 years after position was reclassified.
9.03	**Requests for Professional/Support Staff Position.** These records document requests for personnel submitted by individual offices and subsequent reviewing and/or approval actions taken by the health center.	Retain 3 years.
9.04	**Application Files.** These records document applications for employment, maintained for consideration when vacancies arise. They also include rejected applications, applications for transfer, and applications for promotion.	

No.		Record Title	Disposition
9.04	a.	**Successful applications**	Retain in employee personnel file.
	b.	**Unsuccessful applications**	Retain 3 years.
	c.	**Supplemental data forms.** Information on these forms includes the job applicant's name, Social Security number, date of birth, race, gender, and recruitment source. The form may be separated and filed separately from other information on the employment application.	Retain 6 years after employee separation or 3 years after an unsuccessful application.
	d.	**I-9 forms.** These federal forms are used to verify that persons seeking employment are eligible to work in the United States. Disposition of the employing agency's copy is provided by 8 CFR 274a.2.	Retain 3 years after employment or 1 year after termination, whichever is longer.
9.05		**Equal Opportunity Employment Commission Files.** These records document the health center's compliance with regulations of the EEOC; they include EEOC Forms 168A and 168B.	Retain 3 years.
9.06		**Employee Handbooks.** Handbooks are created by the health center to explain internal operations and procedures to new employees.	**PERMANENT** One copy may be placed in series 7.01, Health Center Institutional History Files. Other copies: Retain for useful life.

No.	Record Title	Disposition
9.07	**Employee Newsletters.** Internal newsletters are created by the health center to communicate internal news and important events to employees.	**PERMANENT** One copy may be placed in series 7.01, Health Center Institutional History Files. Other copies: Retain for useful life.
9.08	**Payroll Records**	
	a. Salary and wage records. These records include pre-payroll reports, monthly payroll check registers, monthly fund distribution reports, and payroll action forms.	Retain 2 years following audit.
	b. Payroll deduction authorizations. These records (including W-4 forms) document an individual employee's authorization to withhold taxes and other deductions from the employee's pay.	Retain 6 years after separation of employee.
	c. Payroll deduction records. These records document taxes (including W-2 Forms), retirement contributions, and all other deductions withheld from the pay of individual employees.	Retain 2 years following audit.
	d. Retirement contribution reports. These records document the amount of retirement contributions deducted from the salaries of health center staff.	Retain 6 years after separation of employee.
	e. Annual payroll earnings reports. These are summaries of employees' payroll earnings for a fiscal year, including all deductions.	Retain 50 years after end of tax year in which the records were created.
9.09	**Employee Personnel Files.** These records document an employee's work history with the health center. They are generally maintained as case files and may include records of continuing education, performance evaluations, disciplinary actions, and background checks.	Retain 6 years after separation of employee.

No.	Record Title	Disposition
9.10	**Employee "Cafeteria Plan" (Flexible Benefits) Records.** These Records document salary reduction-type plans authorized by the Internal Revenue Service Code, Section 125.	
	a. Records outlining general information about the plan	Retain until superseded.
	b. Subsidiary documentation (applications, reports, and correspondence)	Retain 5 years after termination of participation in plan.
9.11	**Work Schedule Records.** These records document employees' daily and weekly work schedules, including medical staff scheduling records.	Retain 2 years following audit.
9.12	**Leave and Attendance Records**	
	a. Records documenting employees' hours worked, leave earned, and leave taken (including time sheets and cards)	Retain 2 years following audit.
	b. Records documenting sick leave donations	Retain 2 years following audit.
	c. Records documenting final leave status (cumulative leave)	Retain 6 years after separation of employee.
9.13	**Unemployment Compensation Records.** These records document employee claims for unemployment compensation.	Retain 2 years following the audit period in which the transaction occurred.

No.	Record Title	Disposition
9.14	**Worker's Compensation Records.** These records document claims and payments to employees for on-the-job injuries or job-related disabilities covered under the law.	Retain 12 years after the end of the fiscal year in which the transaction occurred (Code of Alabama 1975, Section 25-5-4).
9.15	**Training Records.** These records document the provision of in-service training and professional development for staff. They include workshop records and evaluations.	Retain 3 years.
9.16	**Medical Staff Credentials Files.** These records document the credentials and licenses of medical staff and allied health professionals, such as physician's assistants, nurse practitioners, and psychologists.	Retain 10 years after separation of the individual from the health center.
9.17	**Quality Assurance/Peer Review Files.** Records of medical and allied health professional staff are used by the hospital for quality control and/or performance review.	Retain 5 years.

10. Administering Internal Operations–Managing Properties, Facilities, and Resources

No.	Record Title	Disposition
10.01	**Annual Inventory Records.** These records document all personal property, equipment, or capital outlay of the health center on an annual basis.	Retain 2 years following audit.
10.02	**Receipts of Responsibility for Property.** These records document health center property temporarily in the use or possession of employees, as well as patient property lists and receipts for valuables.	Retain 2 years after return of item(s).

No.	Record Title	Disposition
10.03	**Health Center Construction Project Files.** These records document all activities pertaining to the planning and construction of health center facilities.	Retain for the life of the facility. (May then be transferred to a local library, archives, or historical society under the terms of a local government records deposit agreement.)
10.04	**Real Property Ownership Records.** These are deeds and supporting documentation for land owned by the health center.	Retain until property is sold.
10.05	**Real Property Leasing/Rental Records.** These records document the leasing or renting of land, buildings, or facilities by the health center.	Retain 10 years after the end of the fiscal year in which the lease or rental agreement was terminated.
10.06	**Property Insurance Records.** These records document the purchase of insurance policies for health center buildings and facilities.	Retain 10 years after the end of the fiscal year in which the insurance policy was terminated.
10.07	**Facilities/Buildings Security Records.** These records document the implementation of security measures and procedures by the health center in its buildings and facilities. They include visitor logs.	Retain 2 years following audit.

No.	Record Title	Disposition
10.08	**Facilities/Buildings Inspection Files and Reports.** These records document inspections of health center facilities to comply with the standards, rules, and codes affecting the health and safety of the occupants. They include fire and tornado drill reports, security inspections, and safety inspections.	Retain 5 years.
10.09	**Building Maintenance Work Orders.** These records document routine maintenance on health center facilities and property.	Retain 1 year.
10.10	**Waste Disposal Records.** These records document the operation of any on-site incinerator, as well as the disposal of biomedical or radioactive waste.	Retain 3 years.

Requirement and Recommendations for Implementing the Jefferson Rehabilitation and Health Center's Records Disposition Authority

Under the Code of Alabama 1975, Section 41-13-23, "no county, municipal, or other local government official, shall cause any . . . record to be destroyed or otherwise disposed of without first obtaining the approval of the local government records commission." This RDA constitutes authorization by the Local Government Records Commission to dispose of records as stipulated, with the condition that the responsible official must submit a Local Government Records Destruction Notice to the ADAH Government Records Division to document the destruction. The ADAH, which serves as the commission's staff, retains local records destruction documentation as a permanent record. (For more information, see the ADAH procedural leaflet *Records Destruction Procedures for Local Governments*.)

In addition to authorizing a procedure for legally destroying temporary health center records, the Local Government Records Commission urges the center to establish a quality record-keeping program that will meet its legal and public service needs. Such a program should include the following activities:

- The health center administrator, or a designated officer, should establish a records management liaison in each health center department. The records officer and liaisons should be responsible for: ensuring the regular implementation of this RDA, maintaining records in compliance with national and state standards, and coordinating the destruction of disposable records.

- Permanent records in the health center's custody should be maintained under proper intellectual control and in an environment that will ensure their physical order and preservation. In addition to records appraised as permanent in the RDA, the Local Government Records Commission has directed that any record created prior to 1900 shall be regarded by the center as permanent.

- Destruction of temporary records, as authorized in the RDA, should occur agency-wide on a regular basis–for example, after the successful completion of an audit, at the end of an administration, or at the end of a fiscal year. Despite the RDA's provisions, no record should be destroyed that is necessary to comply with audit requirements or any legal notice or subpoena.

- The health center should maintain full documentation of any computerized record-keeping system it employs. It should develop procedures for: (1) backing up all permanent records held in electronic format; (2) storing a back-up copy off-site; and (3) migrating all permanent records when the system is upgraded or replaced. If the center chooses to maintain a record solely in electronic format, it is committed to funding any system upgrades and migration strategies necessary to ensure the record's preservation and accessibility for the period legally required.

- Microforms of permanent records should conform to quality standards set by the American National Standards Institute (ANSI) and the Association for Image and Information Management (AIIM). According to the Code of Alabama 1975, Section 41-13-44, no microfilmed record may be legally destroyed "until the microfilm copy has been processed and checked with the original for accuracy." Government Records Division staff may examine agency microfilm for compliance prior to destruction of the original records.

- The health center should notify the ADAH Government Records Division if a new records officer is appointed or if other significant changes occur in records storage conditions or records management procedures. It may also contact the division to request revision of this RDA. Normally, RDA revisions will be submitted to the Local Government Records Commission every two years. ADAH Government Records Division staff will notify the health center of any commission-approved changes in record-keeping requirements that apply to public hospitals on a statewide basis.

The staff of the Local Government Records Commission may examine the condition of permanent records maintained in the health center's custody and inspect records destruction documentation. Government Records Division archivists are available to instruct health center staff in RDA implementation or otherwise to assist the center in implementing its records management program.

The Local Government Records Commission adopted this Records Disposition Authority on January 25, 2006.

By:_____ Date:_____
Edwin C. Bridges, Chairman, by Tracey Berezansky

By: _____ Date: _____
Oliver P. Walker, Director
Jefferson Rehabilitation and Health Center