

DEPARTMENT: Ethics and Compliance	POLICY DESCRIPTION: Records Management
PAGE: 1 of 7	REPLACES POLICY DATED: 6/3/98, 2/1/99, 8/1/00, 8/1/03, 9/22/04, 1/1/06, 7/1/09, 5/15/12, 9/1/20
EFFECTIVE DATE: March 1, 2022	REFERENCE NUMBER: EC.014
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, hospice agencies, physician practices, service centers, and all Corporate Departments, Divisions, Groups and Markets, for which the Company is responsible for business records.

PURPOSE: To establish the policy and procedures for the creation, use, maintenance, retention, preservation, and disposal of Company records and non-records.

POLICY:

1. It is the Company's policy to apply effective and cost-efficient techniques (1) to manage and maintain complete, accurate, and high-quality records, and (2) to avoid the cost and burden of storage and retention by routinely disposing of documentation that does not serve an ongoing business purpose and is not otherwise required to be maintained by law or regulation. Records are to be retained in accordance with all applicable laws and regulations and this policy.
2. Records that have satisfied their required period of retention, and that are not subject to a Legal Hold, will be destroyed in an appropriate manner.
3. Records will be managed responsibly, and retention schedules and destruction procedures and methods will be developed applicable to the Company's records.
4. All Company employees and agents are responsible for ensuring that Records they create, receive or use, are created, used, maintained, preserved, and destroyed in accordance with this Records Management policy.
5. Vital and official records will be retained and protected to ensure the Company's continued operations in the event of a natural or man-made disaster.
6. Records containing confidential and proprietary information will be securely maintained, controlled and protected to prevent unauthorized access.
7. All records and non-records generated and received by the Company are the property of the Company. No Company employee, by virtue of his or her position, has any personal or property right to such records even though he or she may have developed or compiled them.
8. The unauthorized destruction, removal or use of such records is prohibited.
9. No one may falsify or inappropriately alter information in any record or document.
10. CEOs, Administrators, Agency Directors, and Practice Managers shall designate an individual to be responsible for implementing and maintaining the Company's records management programs at their facilities in accordance with this policy.
11. The Corporate Records Management Committee reviews and approves record retention schedules and all changes and revisions thereto.
12. Colleagues with information pertaining to the unauthorized destruction, removal or use of Company records or regarding falsifying or inappropriately altering information in a record or document should report such information to a member of management, their facility Ethics and Compliance Officer or to the HCA Healthcare Ethics Line (1-800-455-1996 or <http://hcahealthcareethicsline.webline.sai360.net>
13.).

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PROCEDURES:

SECTION I. GENERAL

A. Development of Records Retention Schedules

1. All records will be maintained and retained in accordance with Federal and state laws and regulations. Minimum retention schedules are attached (Attachment D).
2. Proposed changes, additions, or revisions to the record retention schedules will be submitted to Information Lifecycle Management for initial review. Information Lifecycle Management, in consultation with the Operations Section of the Legal Department, will research the legal, fiscal, administrative, and historical value of the records to determine the appropriate length of time the records will be maintained and provide an identifying code. The proposed revisions will be submitted to the Records Management Committee for review and approval. The approved changes will be incorporated into the Records Management Manuals and distributed to the designated Records Coordinators.

B. Records Management Manuals

Information Lifecycle Management will develop Records Management Manuals that will incorporate the approved records retention schedules, which will be distributed to the individual identified pursuant to Policy Statement 10 and to Records Coordinators in each Corporate Department, Division, Market and Group.

C. Records Coordinators

Corporate Departments, CEOs, Administrators, Practice Managers and the home health and hospice governing bodies shall designate an individual, using the attached appointment form (Attachment A), to serve as the Records Coordinator for their area. Send a copy of the form to Information Lifecycle Management. If the designated person departs, or when a new Records Coordinator assumes these duties, execute a new form and send it to Information Lifecycle Management. Coordinators will be responsible for implementing and maintaining records management programs. This responsibility should be assigned to a staff person with some existing records management skills or with the ability to learn various approaches necessary to develop and operate a records management program.

D. Active/Inactive Records

Records are to be reviewed periodically to determine if they are active or inactive. Records that are no longer required as active will be reviewed and assessed for storage in the designated off-site storage facility. Duplicate, multiple and non-record materials are not to be sent to the designated off-site storage facility, but should be destroyed. Whenever possible, the official record is the one that will be retained according to the established retention.

SECTION II. RECORDS STORAGE

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Records will be stored in accordance with the attached procedures (Attachment B).

SECTION III. RECORDS MANAGEMENT FORMS

Information Lifecycle Management will develop control forms relating to Company records to accomplish the following:

1. Identifying records and applying the appropriate records retention codes and maintenance requirements for electronic and hardcopy;
2. Identifying and tracking Vital Records;
3. Transferring records from active storage to inactive storage;
4. Identifying, controlling, and maintaining records in storage;
5. Retrieving and/or returning records from/to storage;
6. Documenting the destruction of records and the deletion of records from the records inventory; and
7. Monitoring the records management process.

SECTION IV. RECORDS DESTRUCTION

- A. Records that have satisfied their legal, fiscal, administrative, and archival requirements may be destroyed in accordance with the Records Retention Schedules. Records can only be discarded when the specified retention period has expired and there is not an active Legal Hold or a tax audit prohibiting destruction, and a Certificate of Records Destruction form-025 (Attachment C), and/or a Destruction Log has been executed.
- B. Non-records are maintained for as long as administratively needed, and the retention schedules do not apply. Non-records may be discarded when the business use has terminated, unless there is a Legal Hold in place prohibiting such destruction. Non-records do not require a signed Certificate of Records Destruction form-025. Discretion should be used in determining whether to generate or retain transitory messages in the nature of notes of unofficial meetings, telephone conversations, or other personal notes. If generated such documentation should be routinely discarded when they are no longer useful. For example, when the informal documentation, such as an employee's personal notes, is transferred to a formal record, such as an incident report, the notes are no longer useful and should be discarded. Preliminary working papers and superseded drafts, particularly after subsequent versions are finalized, should be discarded. E-mail messages that contain non-record messages and transitory messages should be routinely deleted.
- C. Records that cannot be destroyed include records to be retained in accordance with a Legal Hold or records with a permanent retention. In the event a Legal Hold is in place, records subject to the Legal Hold cannot be destroyed. After the Legal Hold has been terminated, the records may be destroyed in accordance with the Records Retention Schedules.

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- D. Company records must be destroyed in a manner that ensures the confidentiality of the records and renders the information no longer recognizable as Company records. The approved methods to destroy Company records include, but are not limited to, recycling, shredding, burning, pulping, pulverizing, and magnetizing. A Certificate of Records Destruction form – 025 must be approved and signed by the appropriate management staff prior to the destruction of Company records. Company records cannot be placed in trash receptacles unless the records are rendered no longer recognizable as a Company record.
- E. A Destruction Log that documents the deletion/purge metadata, rather than a Certificate of Records Destruction form-025, is required for the automated deletion of electronic records and information from applications and databases. The destruction log must include, but is not limited to, the following metadata: the application or database name; date and time the document, report, and/or batch was created; the report number and name and, if applicable, a brief description of the document, report, and/or batch; the date and time of the deletion/purge; the 3-4 ID of the individual that authorized the retention; and the 3-4 ID of the individual who scheduled the automated deletion process. The Destruction Log must be maintained in accordance with the Records Retention Schedules

SECTION V. TRAINING

Information Lifecycle Management personnel will provide training assistance to the Records Coordinators through web-based education modules and Policy and Procedure Instruction Manuals. On-site training may be provided on an as needed basis to newly appointed Records Coordinators and other individuals who may need assistance with implementing the Records Management Program.

SECTION VI. DIVESTITURE OR CLOSURE OF FACILITIES

A. Divestiture of a Facility

In the event a facility or a line of business is sold, the Development Section of the Legal Department must ensure that sales documents will protect the Company's right to access Company business and medical records and will stipulate the non-destruction of Company records as appropriate. Additionally, before divestiture, all facility electronic records must be backed up and transferred to Information Technology Group (ITG). Also, unless the sales documents specify otherwise, software documentation must be transferred to Corporate Information Systems. Patient medical records should remain with the facility to ensure continuity of patient care. Consistent with the overall retention policy, no records will be disposed of until the period of retention has expired for such records.

B. Closure of a Facility

In the event a facility is closed, the Facility is responsible for notifying Information Lifecycle Management. The facility business records should be transferred to the nearest operating facility and Information Lifecycle Management must be notified of the new location of the

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records. If a facility is not available, the records should be transferred to Information Lifecycle Management and all facility electronic records must be backed up and transferred to Corporate Information Systems. Additionally, software documentation must be transferred to Corporate Information Systems. Patient medical records must be transferred to another facility or state archives in accordance with state requirements. Consistent with the overall retention policy, no records will be disposed of until the period of retention has expired for such records.

SECTION VII. RESPONSIBILITIES

A. Records Management Committee

1. The Records Management Committee reviews and approves new retention schedules and revisions to current retention schedules and authorizes any changes to the Records Management procedures.
2. The Records Management Committee consists of representatives from Information Lifecycle Management, Ethics and Compliance, Legal, Tax, Finance, Internal Audit, Parallon, Information Technology Group, Reimbursement, and other representatives as appropriate. The Committee meets as needed.

B. Legal Department

1. The Operations Section of the Legal Department serves as liaison with Information Lifecycle Management and Facility Records Coordinators to provide counsel regarding vital records designations and legal and statutory requirements for records retention and other pending legal matters; and
2. The Development Section of the Legal Department ensures that the Company's access to or ownership of Company records is appropriately protected in all divestitures of property or lines of business or facility closures.

SECTION VIII. EXCEPTIONS REPORTING MECHANISM

In the event that an employee believes another employee, a contractor or other individual is impermissibly destroying records or otherwise violating this policy, he/she should contact his/her supervisor or another member of management at the facility. If the employee is uncomfortable seeking resolution at the local level, he/she may contact the HCA Healthcare Ethics Line (1-800-455-1996 or <http://hcahealthcareethicsline.webline.sai360.net>).

DEFINITIONS:

Records: A record is recorded information, regardless of physical form, medium, or characteristic. Records include all original documents that are generated and/or received in

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connection with transacting Company business and are related to the Company's legal obligations. If not stipulated otherwise, this is the record to which retention schedules apply. Records include, but are not limited to, original documents, papers, cards, blueprints, electronic media, magnetic tapes, books, disks, CDs, DVDs, removable storage devices, Secure Digital (SD) cards, maps, microfilm, diagnostic media such as sound or video recordings and x-rays, and photographs.

Records Retention Schedule: A Records Retention Schedule is a document that identifies specific record series and establishes the length of time the record series is maintained.

Records Series: A records series is a group of documents, which consists of the same form, relate to the same subject, result from the same activity or have common characteristics that are grouped and filed together as a unit. A records series is generally evaluated as a unit for determining the record retention period.

Records Series Code: A Records Series Code is the alphanumeric characters assigned to a records series within the records retention schedule that are assigned specific retention requirements.

Medical Records: Medical records include, but are not limited to, patient histories, physicals, diagnostic and therapeutic records, consultation and operative reports, discharge and transfer summaries, diagnoses, prognoses, records of treatments and medication ordered and given, progress and therapy notes, orders, other recorded entries, x-rays, and other written or graphic data prepared, kept, made, or maintained in facilities that pertain to facility confinements or services for which a physician order is written for admission to a health care facility or unit.

Non-Records: Non-records material includes draft or duplicate copies of correspondence, draft or duplicate copies of records used for short-term reference purposes, blank forms, stocks of publications, magazines, publications from professional organizations, newspapers, public telephone directories, and transitory messages used primarily for the informal communication of information.

Transitory Messages: Transitory messages are information used primarily for informal communication and are retained only for as long as administratively needed. Transitory messages do not set policy, establish guidelines, certify a transaction, or become a receipt.

Transitory messages include, but are not limited to, telephone messages, email messages with short lived or no administrative value, voice mail messages, personal meeting notes that have been transferred to a formal record, self-sticking notes, preliminary working papers and superseded drafts.

Vital Records: Vital records are records that are essential to the continued functioning or reconstitution of the Company or facility during and after an emergency and also preserve the rights of the Company or facility, its employees, customers, shareholders, and other constituent groups.

E-Mail Communications: E-mail communications, messages and documents transmitted by e-mail are similar to paper documents. Depending upon their content, they may be considered

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records and are subject to this policy. To determine whether an e-mail message must be retained and for how long, think of it like a paper memo or document. If you would retain a memo due to its content, then you are required to retain an e-mail message of the same content for the same length of time.

Unless a Legal Hold is in place, the originator/sender of the e-mail message (or the recipient of a message if the sender is outside the Company) is the person responsible for retaining the message. E-mail messages may be retained in electronic form in the mailbox, or be printed and filed along with other documents related to the same topic or project.

Legal Hold: From time to time, Legal Counsel may issue a Legal Hold on certain documents and electronic information, which must be preserved and not destroyed. When a Legal Hold is issued, the instructions in the Legal Hold take precedence over all policies including EC.014. Records and electronic information subject to a Legal Hold cannot be altered or destroyed without the prior consent of Legal Counsel.

Metadata: Metadata is data about data. It describes or specifies characteristics about data, which include how, when, and by whom data was collected and formatted.

Certificate of Records Destruction: A company form that is signed by the appropriate management staff that documents the destruction of Company records by records series code, title/description, date range, quantity, and destruction method.

Destruction Log: An electronic report that documents the destruction metadata associated with the automated deletion process of electronic records from applications and databases.

REFERENCES:

1. [Attachment A](#): Letter of Appointment
2. [Attachment B](#): Records Storage
3. [Attachment C](#): Instructions for Completing the Certificate of Records Destruction – 025
4. [Attachment D](#): Retention Schedules

EC.014 Attachment A

The [Letter of Appointment form](#) for Records Coordinators must be completed and signed by the Department Heads, CEOs, Administrators, and Practice Managers and sent via email to CORP.ILM@hcahealthcare.com.

EC.014 Attachment B
Records Storage

A. Off-Site Storage Facilities

1. The Company contracts with commercial off-site storage facilities to store, control, and protect inactive records. To the extent that they have access to Company records, the commercial off-site storage facilities must agree to maintain the confidentiality of the Company's records.
2. Off-site storage facilities are to be in secure locations that safeguard the records from the following:
 - a. Ordinary hazards, such as fire, water, mildew, rodents, and insects;
 - b. Man-made hazards, such as theft, accidental loss, sabotage, and commercial espionage;
 - c. Disasters, such as fire, flood, earthquakes, hurricanes, wind, and explosions; and
 - d. Unauthorized use, disclosure, and destruction.
3. Off-site storage facilities are to provide proper vault storage with temperature and humidity controls for electronic, audio/video, and microfilm storage.
4. Records storage containers are to be standard 12"x15"x10" boxes, unless the records require a special-sized box.
5. Records series stored in the standard boxes must be adequately described and include the following information in order to facilitate their reference, review, and destruction:
 - a. the inclusive dates;
 - b. originating department and department number;
 - c. type of media;
 - d. retention code and title; and
 - e. contact name and telephone number.

B. Vital Records Storage

1. Vital records are to be duplicated onto an appropriate media and the duplicate records stored in the designated off-site storage facilities, for reconstructive use in the event of a natural or man-made disaster.
2. All facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices, and all Corporate Departments, Divisions, Markets and Groups are to maintain current lists of vital business records and forward copies of the lists to Information Lifecycle Management, which maintains a master list of vital business records for the Company. All facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, and physician practices are to maintain current lists of vital medical records.

C. Electronic Records Storage

1. The Company will select appropriate media and systems for storing Company records which meet the following retention requirements:
 - a. Permit easy retrieval in a timely fashion;
 - b. Facilitate distinction between record and non-record material; and
 - c. Retain the records in a usable format until their authorized disposition date.
2. The Company will consider the following factors before selecting a storage medium or converting from one medium to another:
 - a. The approved retention of the record;
 - b. The maintenance necessary to retain the records;
 - c. The access time to retrieve stored records;

- d. The portability of the medium (selecting a medium that will run on equipment offered by multiple manufacturers) and the ability to transfer the information from one medium to another;
 - e. The Company will ensure that all authorized users can identify and retrieve information stored on Secure Digital (SD) cards, DVDs, CDs, removable storage devices, or tapes by establishing or adopting procedures for external labeling;
 - f. The Company will establish a process to randomly check storage media based on industry standards to ensure that information is not lost due to changing technology or deterioration by converting storage media to provide compatibility with current hardware and software. Before conversion to a different medium, the Company will determine that the authorized disposition of the electronic records can be implemented after conversion;
 - g. The Company will back up electronic records on a regular basis to safeguard against the loss of information due to equipment malfunctions or human error;
 - h. The Company will not permit smoking or eating in electronic media storage libraries and test or evaluation areas which contain long-term records; and
 - i. External labels for electronic recording media used to store long-term records will provide unique identification for each storage media, including: the name of the organizational unit responsible for the data; system title, including the version number of the application; special security requirements or restrictions on access, if any; and software in use at the time of creation.
3. In addition, the following information will be maintained for each media used to store long-term electronic records:
- a. file title;
 - b. dates of creation;
 - c. dates of coverage;
 - d. the recording density;
 - e. type of internal labels;
 - f. volume serial number, if applicable;
 - g. the number of tracks;
 - h. character code/software dependency;
 - i. information about block size; and
 - j. sequence number, if the file is part of a multi-media set.
4. The electronic media will be stored in an off-site location that is secure from unauthorized access and has a temperature, humidity, and static-controlled environment.

D. Microfilm Storage

- 1. The use of film media for records storage and retention purposes is to be selective and ensure cost effectiveness. Film media includes microfilm, microfiche, computer output microfiche/microfilm, or other similar types of media.
- 2. To ensure authenticity of the documents filmed, the American National Standards Institute's (ANSI) guidelines for microfilming documents will be followed.
- 3. Microfilm storage for long-term records retention purposes will follow the ANSI requirements for packaging, handling, and temperature and humidity-controlled environment. The facility will be an off-site location with security from unauthorized access.

Instructions for Completing the Certificate of Records Destruction - 025

- 1) **Corporate Department/Facility Name:** Enter the complete corporate department or facility name, whichever is appropriate.
- 2) **Department Number/COID:** Enter the department number or COID, whichever is appropriate.
- 3-4) **Record Series Code and Record Series Title:** Enter the approved record series title and the record series code. Please reference the Records Retention Schedules in the Records Management Policy EC.014 or either the Corporate Records Management Manual or the Facility Records Management Manual to provide authorized record series codes and titles.
- 5-6) **From and To Date:** Enter the beginning and ending date of the box contents.
- 7) **Media:** Enter the media format of the records being destroyed.
- 8) **Volume:** Enter the volume of records destroyed (i.e. number of boxes/files, cubic feet, or size in KB/MB/GB/TB)
- 9) **Department Head/Senior Level Management:** Either the Department Head or Senior Level Management must approve any records destruction by providing their name, title, a signature, and the date of approval.
- 10) **Records Coordinator:** The designated Records Coordinator also should approve any records destruction for their corporate department or facility by providing their name, title, a signature, and the date of approval.
- 11) **Date of Destruction:** Provide the date the records were destroyed.
- 12) **Total Volume:** Provide the total volume of records destroyed (i.e. number of boxes/files, cubic feet, or size in KB/MB/GB/TB)
- 13) **Method of Destruction:** Indicate the method of records destruction from the list provided. If the method is "Other", describe it in the space provided.
- 14) **Records Destroyed By:** If an outside company destroys the records, provide the company name, the name of the person performing the destruction, their title, their signature, and the date. If company staff destroys the records, provide the name of the person performing the destruction, their title, their signature and the date.
- 15) **Witness:** Provide the name, title, and signature of the HCA representative witnessing the destruction and the date.

1. Corporate Department/Facility Name			2. Department Number/COID			
Please reference the Record Retention Schedules in either the Records Management Policy EC.014 or the Records Management Manuals to provide the authorized record series codes and titles.						
3. Record Series Code	4. Record Series Title		5. From Date	6. To Date	7. Media	8. Volume
Signatures indicate approval for destruction of the above records.						
9. Department Head/Senior Level Management:			10. Records Coordinator:			
Name/Title:			Name/Title:			
Signature:			Signature:			
Date:			Date:			
The records described above were destroyed in the normal course of business pursuant to Records Management Policy EC.014. All parties involved in this destruction process agree to maintain the confidentiality of the documents destroyed.						
11. Date of Destruction:		13. Method of Destruction:				
		Recycling Shredding Pulping				
12. Total Volume:		Pulverizing Magnetizing Burning Deleting Other				
14. Records Destroyed By:			15. Witness:			
Name/Title:			Name/Title:			
Signature:			Signature:			
Date:			Date:			

Retention Schedules

Available on the [Information Lifecycle Management](#) or Ethics and Compliance Site.