Medical Record Management During Facility Closure: Outline

1. **Form a Team of Stakeholders**
    a. Gather a team of legal and medical information experts as you begin process
    b. Understand laws and regulations surrounding closure
    c. Determine a timeline of events
    d. Determine budget and scope of project
    e. Research vendors to assist in managing records after closure
2. **Notify Staff**
    a. Inform staff of closure in a team meeting setting
    b. Prepare for potential employee loss
3. **Notify patients**
    a. Develop process and resources to notify patients
    b. Provide key information for obtaining records
4. **Notify Vendors and Third Parties**
    a. Inform key associates about closure
    b. Provide forwarding addresses
5. **Notify Government Agencies**
    a. Inform relative agencies about closure
6. **Transfer/Destroy Records**
    a. Understand retention requirements for documents
    b. Convert available ePHI for easy transfer
    c. Sort physical records by type
    d. Work with new custodian to securely transfer records for further retention
    e. Work with vendor to securely purge documents out of retention
    f. Maintain certificate of destruction

Medical Record Management During Facility Closure

Common Situations

There are a multitude of reasons why a facility may close from bankruptcy, retirement, illness, relocation, staffing shortages, etc. In these situations, it is important to continue protecting PHI and ePHI and ensuring the wellbeing of patients.

Things to Consider

Physicians and practices must consider State and Federal laws, internal policies and guidelines as well as patient needs when facing facility closure. Providers are bound to certain laws to ensure patients, and their data are well maintained and accessible regardless of a closure. Providers should work closely with a legal team that specializes in HIPAA law. A timeline of events should be discussed as well as a budget to cover costs of converting electronic records, record storage, and record destruction. Record management conversations should begin immediately after the decision to close a facility is determined.

Records under retention may be transferred to another provider or custodian, or archived with a storage facility. Custodians should be chosen carefully. It is recommended that any chosen custodians or storage facilities be well versed in HIPAA, understand rules and regulations surrounding release of information, record retention, and PHI security. Records must be maintained in accordance with HIPAA standards and patients should be notified where records are being transferred to and how they may be requested.

Notifying Staff

Staff should be notified 3 months prior to closure via staff meeting. Providers should understand this is a stressful and sometimes difficult situation and so should be handled with care. It may be necessary to hire temporary employees in the event that staff leaves prior to the facility officially closing.

Notifying Patients

Notifying patients of a facility closure can be difficult. Providers should check state laws prior to sending notifications. Giving sufficient notice to patients regarding a closure helps them feel more at ease and aid in their care transfer journey. Providers should notify patients 3 months in advance to allow them time to request records themselves or have them transferred to their new provider.

Patients can be notified via:

- Email/ phone calls
- Physical mail
- Via posted notice within the office
- Online
- Newspapers published locally

Notifications should include the date of closure, how the patient can request records (a release of information), and how to contact the office or providers until closure. It is beneficial to have a custodian of records already chosen at this point for their contact information to also be listed for patients to request

records after closure. For patients with severe, chronic conditions that require ongoing care, it may be necessary to follow up on their initial notice to stress the importance of transferring to a new physician for continued care.

Notifying Vendors and Third Parties

Business associates, vendors, ancillary services, third-party payers, etc. should be notified as well. Facilities should collect final statements from vendors that require payment and provide a forwarding address or PO Box for sending correspondence and payments following closure.

Certain State and Federal agencies also require notice of closure in writing. The DEA, licensing board, CMS, and others may require a detailed letter notifying them of your closure. Work with your legal team to determine requirements in your state.

Transferring Physical Medical Records

Physical PHI can be difficult to maintain as it requires more space and leg work. It is important to gather information about your physical records such as their age, the amount stored, if any are eligible for destruction, and if they are active or inactive. This information is crucial for potential record custodians or storage facilities to know and will allow for a smoother transfer. Providers should work closely with their custodian or storage facility to determine how records that are to be maintained after closure will be transferred and stored. Providers may be responsible for sorting and shipping records for storage.

Transferring Electronic Medical Records

Transferring electronic records requires working closely with vendors to come to an agreement on access after contract termination. Vendors may be able to export or convert data within a system, or provide extended licensing, but this comes with ongoing costs to maintain the system and also can come with greater risk to the data. If data is exported or converted, data must be stored securely and the storage device should be encrypted. The storage device can be simply transferred to the storage facility or new custodian.

Transferring Non-clinical Records

Records outside of medical documentation have their own set of standards for retention. It is crucial for the provider to list record types available to better determine what may need to be kept and what can be securely purged. Once records are sorted and records being retained are known, they can be transferred to the new custodian.

Secure Destruction of Medical Records Beyond Retention

When determining what records may be out of retention, it is important to understand requirements surrounding the various record types at the healthcare facility. Retention requirements vary depending on State and Federal rules. A provider must list the types of records maintained and work with a legal team to determine their respective retention requirements. Once a facility determines if records can be destroyed, the facility's policies and procedures for destruction must be followed closely.

Physical records must be destroyed either by shredding, pulverizing, or incineration securely by a reputable vendor. Electronic media should be overwritten, degaussed, disintegrated, pulverized, melted, incinerated, or shredded rendering data unable to be read or reconstructed (OCR, Nov. 6, 2015). A certificate of destruction should be maintained indefinitely and include the date of destruction, method of destruction, description of destroyed records, dates of documents destroyed, a statement that records were destroyed in the normal course of business, and signatures of a supervisor and witness of the destruction.

Medical Record Management During Facility Closure: Timeline

Each organization is different and may have special needs or issues to address. This time line is a recommendation for best practices but can be tailored to fit your exact needs. Closures require in-depth planning but also flexibility as things change or situations develop differently.

6 months -1 year prior to closure	• **Form a group of stakeholders** A legal team, management, finance team, and medical information experts should be gathered to determine how to proceed with the closure. • **Determine a budget and project scope** Working with stakeholders, determine costs of closure including record storage, staff wages, outstanding debts, etc. Determine how long the project will last and the desired outcome. • **Outline a timeline of events** List important steps in the process and determine how the project will progress. Use project management tools such as a Gantt chart or PERT chart. • **Determine how records are to be handled** Form a list of record types maintained by the organization. Gather information on relative laws and guidelines to handle records of various types. • **Research vendors** Contact vendors to assist in record maintenance, destruction, and/or transfer. Make decisions about where records will be maintained.
3 – 6 months prior to closure	• **Notify staff** Call a team meeting to discuss the closure. Be prepared in the event temporary staff is needed.
3 months prior to closure	• **Notify patients** Develop resources to inform patients of the closure (letters, webpages, emails, phone messages, newspaper notices). Mark patient charts with any notices that have been sent to them. • **Facilitate record procurement** Provide patients the opportunity to retrieve record copies, inform them of where records will be transferred following closure, and assist them, if needed, in transferring records to new providers.

3 months prior to closure	• **Notify vendors** Inform vendors of closure and resolve any unpaid balances. • **Notify third-party payers** Inform third-party payers of closure and provide any forwarding addresses for payment that will be received after the closure. • **Notify associates** Gather a list of associate clinics or providers and inform them of the closure. Inform them of when you will stop taking new patients/referrals. • **Notify medical boards** Inform state boards and government agencies of closure in writing.
1 month prior to closure/closure	• **Begin transferring physical records** Depending on the size and complexity of the physical records in storage, this can be a long process. Work with your chosen custodian to determine how records will be sent, and a timeline of the project. They may help you sort records and determine what records may be out of retention. Ultimately, the physician is responsible for determining the scope of retention. • **Begin extracting ePHI from and EHR/EMR systems** EHRs should remain active until the last patient is seen in office, but you may begin working with your EHR/EMR vendor to determine the best way to either maintain the system holding the ePHI, or extract/convert records. This may come down to cost. The suggested method is extracting records and placing them on an encrypted drive for easy transfer to the new custodian.
1 month prior to closure	• **Destroy records out of retention** After the necessary records have been transferred for continued retention, the remaining records should be destroyed. Work with a reputable vendor that understands HIPAA Privacy and Security standards to securely purge documents. Maintain a certificate of destruction after records have been purged.
Closure to 3 months post closure	• **Close the practice doors** Financial accounts may be maintained for a small period of time after closure as needed. Webpages and voicemail messages informing patients of the closure can remain active for 1-3 months. Mail should be forwarded to the previously set up forwarding address/PO Box.

`Contacts

To learn more about how MetalQuest can help close your practice, please call 513-693-4000, email Info@MetalQuest.com, or contact one of the individuals listed.

Natalie L. Manning, RHIA HIM Trust Services Director O: 513-693-4371 E: NLManning@MetalQuest.com	William L. Jansen President M: 513-254-3888 O: 513-693-4363 E: WLJansen@MetalQuest.com

References

(OCR), O. for C. R. (2015, November 6). *575-what does HIPAA require of covered entities when they dispose of PHI*. HHS.gov. https://www.hhs.gov/hipaa/for-professionals/faq/575/what-does-hipaa-require-of-covered-entities-when-they-dispose-information/index.html