

## **RETENTION OF PATIENT RECORDS**

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DCs have both a legal and ethical obligation to retain patient records. The Board, therefore, recognizes the necessity and importance of a licensee's proper maintenance, retention, and disposition of medical records. The following guidelines are offered to assist licensees in meeting their ethical and legal obligations:

- State and federal laws currently require that records be kept for a minimum length of time including but not limited to:
  1. Medicare and Medicaid Investigations (up to 7-years);
  2. HIPPA (up to 6-years);
  3. Medical Malpractice (varies depending on the case but should be measured from the date of the last professional contact with the patient – DCs should check with their malpractice insurer); North Carolina has no statute relating specifically to the retention of medical records;
  4. Immunization records always must be kept.
- In addition to existing state and federal laws, medical considerations may also provide the basis for deciding how long to retain medical records. Patients should be notified regarding how long the DC will retain medical records.
- In deciding whether to keep certain parts of the record, an appropriate criterion is whether a DC would want the information if he or she were seeing the patient for the first time. The Board, therefore, recognizes that the retention policies of DCs giving one-time, brief episodic care may differ from those of DCs providing continuing care for patients.
- To preserve confidentiality when discarding old records, all records should be destroyed, including both paper and electronic medical records.
- Those licensees providing episodic care should attempt to provide a copy of the patient's record to the patient, the patient's primary care provider, or, if applicable, the referring DC.
- If it is feasible, patients should be given an opportunity to claim the records or have them sent to another DC before old records are discarded.
- The DC should respond in a timely manner to requests from patients for copies of their medical records or to access to their medical records.

- DCs should notify patients of the amount, and under what circumstances, the DC will charge for copies of a patient's medical record, keeping in mind that N.C.G.S. § 90-411 provides limits on the fee a DC can charge for copying of medical records.

*\* DCs should retain patient records as long as needed not only to serve and protect patients, but also to protect themselves against adverse actions. The times stated above may fall below specific needs. DCs are encouraged (may want to) seek advice from private counsel and/or their malpractice insurance carrier.*