

Standard Operating Procedure (SOP)

Retention and Disposal Procedures for Medical Records

This SOP details the **retention and disposal procedures for medical records**, outlining the required duration for keeping patient documents, secure storage methods, confidentiality protocols, authorized access controls, and systematic disposal methods such as shredding or incineration. The goal is to ensure compliance with legal regulations, protect patient privacy, and maintain the integrity and confidentiality of medical information throughout its lifecycle.

1. Scope

This SOP applies to all staff involved in the handling, storage, retention, and disposal of medical records at [Facility Name].

2. Responsibilities

- **Medical Records Manager:** Oversee adherence to SOP and compliance with regulations.
- **Authorized Staff:** Securely store, retrieve, and dispose of records as per protocol.
- **IT/Data Protection Officer:** Maintain the confidentiality and security of electronic medical records.

3. Medical Records Retention Schedule

Type of Record	Minimum Retention Period	Regulatory Reference
Adult Patient Records	7 years after last treatment	[Local/National Health Regulations]
Pediatric Patient Records	Until patient reaches age of majority + 7 years	[Local/National Health Regulations]
Deceased Patient Records	7 years after death	[Local/National Health Regulations]
Other Records (e.g., radiology, lab results)	As per corresponding policy	Refer to individual policy

4. Storage and Confidentiality Protocols

- All physical records must be stored in locked, access-controlled areas.
- Electronic records must be password-protected and encrypted, with regular backups.
- Access to records is strictly limited to authorized personnel only.
- Confidentiality agreements must be signed by all staff with access to medical records.

5. Access Control

- Maintain an updated list of staff authorized to access medical records.
- Monitor and audit access logs regularly.
- Review and revoke access upon termination/transfer of staff.

6. Systematic Disposal of Medical Records

- Records eligible for disposal shall be reviewed and approved by the Medical Records Manager.
- Disposal methods:
 - **Physical records:** Shredding or incineration by a certified vendor.
 - **Electronic records:** Secure deletion, degaussing, or physical destruction of storage media.
- Disposal activity should be logged, including date, records destroyed, and authorized personnel name.
- Issue a Certificate of Destruction for each batch destroyed.

7. Compliance and Review

- Regular audits will be conducted to ensure compliance with this SOP and relevant legal/regulatory requirements.
- This SOP will be reviewed and updated annually or as required by regulatory changes.

8. Related Documents

- Data Protection Policy
- Patient Confidentiality Agreement
- Record Access Authorization List
- Incident Response Plan

Effective Date: [DD/MM/YYYY] | *ReviewDate:* [DD/MM/YYYY] | *SOP Reference:* [SOP Number]