




AIIMSGHY Hospital <b>POLICY ON MEDICAL RECORD DESTRUCTION AND DISPOSAL</b>	Doc No.	E/NABH /AIIMSGHY/ IMS 4/ 17
	Issue No.	01
	Rev. No.	00
	Date	15/12/2025

POLICY ON MEDICAL RECORD DESTRUCTION AND DISPOSAL

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,  
GUWAHATI**



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<b>Prepared By:</b>	Designation: Assistant Professor, Hospital Administration Name: Biraj Chandra Paul Signature: 
<b>Approved By:</b>	Designation: Executive Director, AIIMS Guwahati Name: Prof. Ashok Puranik  Signature:
<b>Responsibility of Updating:</b>	Designation: Assistant Professor, Hospital Administration Name: Biraj Chandra Paul Signature: 





AIIMSGHY Hospital

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**Control of the Manual**

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

**Distribution List of the Manual**

Sr. No.	Designation
1.	Executive Director
2.	Medical Superintendent, Principal College of Nursing
3.	All HODs for departmental Distribution

## Contents

Sr. No.	Topics
1.0	Purpose
2.0	Scope
3.0	Responsibility
4.0	Policy
5.0	Record Generated
6.0	Reference

## IMS 4 - POLICY ON MEDICAL RECORD DESTRUCTION AND DISPOSAL

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### 1. PURPOSE

AIIMS Guwahati has a defined policy for the **systematic destruction and disposal of medical records after completion of the prescribed retention period**, in order to:

- Ensure compliance with statutory and regulatory requirements
  - Maintain confidentiality and privacy of patient information
  - Prevent unauthorized access, misuse, or accumulation of obsolete records
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### 2. SCOPE

This policy applies to the **destruction of medical records** in accordance with the **Medical Record Retention Policy of AIIMS Guwahati**, including:

- OPD records
  - IPD records
  - Registers
  - Supporting documents
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AIIMSGHY Hospital <b>POLICY ON MEDICAL RECORD DESTRUCTION AND DISPOSAL</b>	Doc No.	E/NABH /AIIMSGHY/ IMS 4/ 17
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	Date	15/12/2025

- Other medical records maintained by the Medical Records Department (MRD)

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### 3. RESPONSIBILITY

- Executive Director
- Medical Superintendent
- Quality Committee
- Faculty In-charge / Head, Medical Records Department
- Medical Record Department Officer (MRDO)

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### 4. POLICY & PROCEDURE

#### 4.1 General Principles

- Destruction of medical records shall be carried out **strictly as per the approved retention policy** of AIIMS Guwahati.
- Records shall be destroyed **only after completion of the prescribed retention period** and after due authorization.
- Confidentiality, privacy, and data protection shall be maintained throughout the destruction process.

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#### 4.2 Identification of Records for Destruction

- As per the retention policy, the **Medical Record Department Officer (MRDO)** shall prepare a **monthly list** of records due for destruction.
- The list shall include:
  - Patient Name
  - UHID Number
  - Date of Admission
  - Date of Discharge

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#### 4.3 Authorization Process

- The prepared list shall be submitted to the **Medical Record Committee** for **verification and written approval**.

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 4/ 17
<b>POLICY ON MEDICAL RECORD DESTRUCTION AND DISPOSAL</b>	Issue No.	01
	Rev. No.	00
	Date	15/12/2025

- No medical record shall be destroyed **without documented authorization**.

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#### 4.4 Public Notification

- After obtaining authorization, the MRDO shall publish a **notice in a bilingual local and National Newspaper**.
- The notice shall include:
  - Patient Name
  - UHID Number
  - Date of Admission and Discharge
  - Information on **how and where** the patient or relative may contact the hospital/MRD
- A **minimum notice period of one month** shall be provided.

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#### 4.5 Opportunity for Record Retrieval

- If the patient or authorized relative approaches MRD **within the notice period**, the medical record shall be handed over **after identity verification** and proper documentation.
- If no claim is made within the stipulated time:
  - The MRDO shall proceed with destruction of records.
  - A **scanned copy of the file shall be preserved**, where applicable, as per institutional policy.

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#### 4.6 Method of Destruction

- All medical records approved for destruction shall be:
  - First **torn and shredded** thoroughly
  - Shredding shall be carried out **within hospital premises**
- Shredding shall be done **in the presence of two persons**:
  - One representative from MRD
  - One representative from Security / authorized hospital staff
- Destruction shall be done in a manner that **patient identity and confidential information are not recognizable**.

- After shredding, waste shall be disposed of as **general waste**, as per hospital waste management protocols.

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#### 4.7 Special Conditions

- Medico-legal records, court-related documents, or records under active litigation **shall not be destroyed**, irrespective of retention period, until legal clearance is obtained.
- If any department requires destruction of records outside routine schedules, a **written request from the Department Head** shall be submitted, and destruction shall follow the same approval process.

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#### 4.8 Documentation and Audit Trail

- A **list of destroyed records** shall be prepared, signed, and preserved in MRD.
- Entries of destroyed records shall be maintained in the **Medical Record Department Register**.
- Copies of newspaper advertisements shall be preserved for audit and inspection purposes.

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### 5. RECORD GENERATED

1. Medical Record Department Register
2. Authorized list of medical records to be discarded
3. Copy of bilingual local newspaper advertisement
4. Approval documents from Medical Record Committee.

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### 6.0 REFERENCE

- NABH: Pre-Accreditation Entry Level Standards for Hospitals, First Edition, April 2014