Queensland Health

Retention and disposal of clinical records

Department of Health Standard

QH-IMP-280-1:2014

1. Statement

This standard describes the steps for the retention and disposal of clinical records undertaken on behalf of the Department of Health in accordance with legislative and regulatory requirements.

2. Scope

Compliance with this standard is mandatory.

This standard applies to all employees, contractors and consultants within the Department of Health divisions and business units.

It applies to clinical records managed by Hospital and Health Services (HHS) and/or individual health facilities regardless of the medium:

- physical record (physical form such as paper, photographs, film)
- electronic record (a record created or captured through electronic means such as a computer, scanner or born digital materials). All information in digital formats should be maintained with necessary metadata to support retrieval and access to the information
- hybrid record (a combination of physical and electronic records)

This standard does not include corporate records (administrative and non-clinical functions).

This standard does not include the My Health Record (national electronic health record) as it is an Australian Government initiative. It is not intended that the My Health Record will replace clinical records maintained by a facility, as its purpose is to provide individuals with an online tool to manage and view a summary of their health records.

The standard may be adopted by HHSs and re-branded as an HHS specific standard or used as a basis for a local HHS specific standard.

3. Requirements

Under the *Public Records Act 2002* (Qld), public authorities shall make and keep full and accurate activities and ownership of public records entrusted within the State. Disposal of public records in all formats shall be undertaken in accordance with the *Public Records Act 2002* (Qld), and this standard describes the process for retention and disposal of clinical records.

3.1. Clinical records shall be appraised and sentenced in accordance with the following requirements

3.1.1. Clinical records shall be appraised at the time of creation to identify recordkeeping requirements and appropriately manage records of continuing value.

3.1.2. Clinical records shall be sentenced using a current Queensland State Archives (QSA) approved Health Sector (Clinical Records) Retention and Disposal Schedule (Schedule).

3.1.3. Clinical records shall be resentenced prior to disposal in the following circumstances:

- The Schedule under which the clinical records have been sentenced has been superseded by a later version or new Schedule, or
- Action on the clinical record has resulted in the clinical record falling into a new disposal class (e.g. adult clinical record into a mental health patient clinical record, file requested under *Right to Information Act 2009* (Qld) or other legal process).

3.2. Clinical records shall be archived in accordance with the following requirements

3.2.1. Archiving processes shall ensure inactive clinical records regardless of the medium, are archived and/or disposed of routinely (e.g. quarterly, annually) and systematically. This will assist in control of storage costs and manage resources while remaining accessible and useable for their retention period, in accordance with the current QSA approved Schedule.

3.2.2. Archiving processes shall ensure that the privacy, confidentiality and security of the archived clinical records are protected in accordance with legislation and the Queensland Government Information Security Classification Framework, Information access and use policy (IS33) and Information security policy (IS18:2018).

3.2.3. When a privacy breach occurs with the management of clinical records, the steps taken should be in accordance with the Privacy and Right to Information Unit – Privacy Breach Management process.

3.2.4. Archiving processes shall ensure that Queensland Health is not exposed to unnecessary risk. A risk management approach must be included in the archival strategy to ensure clinical records are retained for the required business and legislative requirements.

3.2.5. Clinical records shall not to be managed through an electronic Document and Records Management System (eDRMS) or through Office 365 (including Microsoft SharePoint and Teams).

3.3. Permanent transfer of records

3.3.1. All requests for a permanent transfer of clinical records, with a permanent retention status in line with the Schedule, must be provided to the HHS Chief Executive or authorised delegate in accordance with the QSA 'Transfer records to QSA'. All proposals and transfers are created and managed in the ArchivesGateway.

3.3.2. Permanent transfer of clinical records including those required in machinery-of-government and administrative changes shall be listed on an item list template and submitted in the ArchivesGateway.

3.3.3. Permanent records transferred to QSA shall be prepared in accordance with the QSA 'Transfer records to QSA'.

3.3.4. Permanent records considered for transfer to QSA shall be appraised to determine the appropriate Restricted Access Period (RAP). It is recommended that QSA is contacted for more information or to assess the records by emailing Recordkeeping Queries at rkqueries@archives.qld.gov.au.

3.3.5. The determination of a RAP for permanent records to be transferred to QSA shall be approved by the relevant HHS Chief Executive or authorised delegate.

3.3.6. Access to restricted records held under a RAP at QSA must be authorised by the relevant HHS Chief Executive or authorised delegate.

3.4. Clinical records shall be destroyed in accordance with the following requirements

3.4.1. Clinical records shall be destroyed in accordance with the QSA approved Schedule.

3.4.2. The destruction of clinical records shall be authorised by the relevant HHS Chief Executive or authorised delegate in accordance with the QSA approved Schedule.

3.4.3. Documentation of the destruction of clinical records shall include the following:

- Evidence of current disposal authorisation number
- Recordkeeping metadata – as a minimum this should include:
    - record identifier (unique unit record number)
    - description of records/class of records
    - date created
    - changes to the record and
    - applicable disposal or sentencing information.
- Date range of the clinical records (where applicable)
- Evidence that the disposal was approved, for example an email from the HHS Chief Executive or authorised delegate
- Evidence of how records were destroyed, for example a certificate specifying the method, place and date of destruction and details of the staff or contractor who carried out the destruction.

3.4.4. Documentation evidencing the appraisal and approval for destruction of a clinical record or group of clinical records with a temporary status shall be retained as per Disposal Authorisation 1131 of the General Retention and Disposal Schedule and maintained at the HHS or individual health facility as proof that the records were lawfully destroyed. The documentation evidencing the appraisal and approval for destruction may be required for future requests in response to Right to Information requests, court proceedings or an audit.

3.4.5. Where an existing QSA approved Schedule does not cover the disposal of a specific record, these records must be retained indefinitely until they are included in a retention and disposal schedule (or disposal authorisation) available for Queensland Health use.

3.4.6. Where an application for a one-off disposal authorisation is required for a specific class or group of records in certain circumstances, including the decommissioning of business systems, the application for early or one-off disposal authorisation shall be completed and signed by the agency's Chief Executive or authorised delegate and emailed to the Queensland State Archivist at: rkqueries@archives.qld.gov.au.

3.4.7. Where a disposal freeze has been issued by the Queensland State Archivist or an agency's CEO (or delegate) that requires temporarily stopping the destruction of public records relating to a specific topic or event, those records are NOT eligible for disposal. Once issued, a disposal freeze overrides any other authority to dispose records.

3.4.8. The destruction of clinical records shall be conducted to ensure the clinical record cannot be reconstituted, reconstructed, or recreated in whole or in part.

3.4.9. Destruction methods shall be proportionate with the clinical record's identified assessment level, business significance and sensitivity in accordance with the Queensland Government Information Security Classification Framework.

4. Legislation

- *Births, Deaths and Marriages Registration Act 2003* (Qld)
- *Child Protection Act 1999* (Qld)
- *Coroners Act 2003* (Qld)
- *Criminal Code Act 1899* (Qld)
- *Electronic Transactions (Queensland) Act 2001* (Qld)
- *Evidence Act 1977* (Qld)
- *Hospital and Health Boards Act 2011* (Qld)
- *Information Privacy Act 2009* (Qld)
- *Mater Public Health Services Act 2008* (Qld)
- *Mental Health Act 2016* (Qld)
- *Public Health Act 2005* (Qld)

- *Public Records Act 2002* (Qld)
- *Public Sector Ethics Act 1994* (Qld)
- *Public Service Act 2008* (Qld)
- *Right to Information Act 2009* (Qld)

5. Supporting documents

- Australian Standards
  - Australian Standard 2828.1:2019, Health records, Part 1: Paper health records
  - Australian Standard 2828.2:2019, Health records, Part 2: Digitized health records
- Department of Health
  - Assignment of unique unit record number Standard
  - Clinical records management Policy
  - Management and access to documents and records Legal Branch Fact sheet
  - Management of Novell Coronavirus (COVID-19) paper based clinical documentation Fact sheet
- Queensland Government Customer and Digital Group (QGCDG)
  - Information access and use policy (IS33)
  - Information security assurance and classification guideline
  - Information security classification framework (QGISCF)
  - Information security policy (IS18:2018)
  - Records governance policy
  - Records governance policy implementation guide
- Queensland State Archives
  - Health Sector (Clinical Records) Retention and Disposal Schedule
  - Queensland Recordkeeping Metadata Standard and Guideline

6. Definitions

Term	Definition
Appraisal	The process of evaluating business activities and records to determine which records need to be created and captured and how long those records need to be kept. Appraisal also helps determine the different needs for records.
Archiving	The process of transferring inactive information, including records, from an active system to a repository for longer-term or permanent storage, preservation and access.
Born digital	Materials that originate in digital form (digitally native), not created on paper nor any other analogue source.
Capture	Saving or registering a record into your organisation's recordkeeping system (whether hardcopy or digital). This may mean registering the record into a recordkeeping system and assigning metadata to describe it and place it in context, allowing for the appropriate management of the record over time. This applies to all records regardless of format and any recordkeeping system.
Clinical information system	A system dedicated to collecting, storing, manipulating and making available clinical information that applies at the point of care. NOTE: Includes, but not limited to, electronic medical record systems, clinical data repositories, practice management software and decision support programs.
Clinical record (also referred to as a health record)	A collection of data and information gathered or generated to record clinical care and health status of an individual or group. Health records are made up of documents such as health record forms, clinical documents, legally authenticated documents and clinical referral letters received from clinical providers. This term includes paper-based health records, clinical records, medical records, digitised health records, EHRs, and healthcare records.
Corporate records	Records that provide evidence of administrative and non-clinical functions of the Department (e.g. executive correspondence, finance, human resource, legal, research, scientific, cancer screening etc.).
Destruction	The complete and irreversible physical erasure of the record and ensures the record cannot be reconstituted, reconstructed or recreated. It involves eliminating, obliterating or deleting records that do not have a continuing value, and are beyond any possible reconstruction in accordance with an authorised retention and disposal schedule.
Digitisation disposal	The disposal of paper records after they have been digitised resulting in two versions of the same record in accordance with

Term	Definition
	the minimum requirements of the QSA Guideline – Dispose of Source Records and Disposal Authorisation 2074 of the General Retention Disposal Schedule if certain conditions are met. NOTE: Excludes the disposal of digital source records that have been successfully migrated from one hardware/software configuration to another, or from one generation of computer technology to a subsequent generation. Refer to General Retention and Disposal Schedule for Digital Source Records (QDAN 678 v.1).
Digitised health record	Health record produced by converting source records into digital format. NOTE: Digitised health record and scanned health record are synonymous in this Standard.
Disposal (of a record)	Includes: • destroying or damaging the record, or part of it; or • abandoning, transferring, donating, giving away or selling the record, or part of it. Records disposal includes the following activities: • **Destroy**: complete and irreversible physical erasure of the record, ensuring it cannot be reconstituted, recreated or reconstructed. • **Transfer**: transferring permanent records to QSA or to another public authority due to machinery-of-government change. • **Sell**: records cannot be sold, except if an agency or function is sold or privatised (i.e. under a machinery-of-government change). • **Donate**: giving records to a museum or historical society must be authorised by the State Archivist. • **Loss or damage**: due to disaster or other circumstances beyond the agency's control, such as contamination. • **Abandon**: neglect, which can lead to loss or damage to records, is a form of disposal.
Disposal authorisation number	A specific number allocated to a class of records in a retention and disposal schedule. The disposal authorisation number: • is used to demonstrate lawful disposal • follows a sequential numbering pattern • is not duplicated across schedules • is deactivated once superseded and will not be re-used • may be superseded or replaced if the record class changes.
Disposal freeze	An authority issued by the Queensland State Archivist, by Court issue or an agency's CEO (or delegate) that requires a temporary cessation of the destruction of public records relating to a

Term	Definition
	specific topic or event. Once issued, a disposal freeze overrides any other authority to dispose records.
Electronic health record (EHR)	Health record with data structured and represented in a manner suited to computer calculations and presentation. Use of this term implies the ability to compute the content of the record. It is often described as presenting a lifetime record of health and care. It may include digitised information, as well as born digital records and other database entries.
Hybrid health record	Health record comprising paper, digitised and electronic formats, created and accessed using both manual and electronic processes. A hybrid health record often arises as a transitional health record during migration from digitised format to a full EHR.
Inactive record	Records no longer required for the conduct of business and which may therefore be transferred to intermediate storage, archival custody or legally destroyed once the authorised retention period has expired.
Information	Information is any collection of data that is processed, analysed, interpreted, classified or communicated in order to serve a useful purpose, present fact or represent knowledge in any medium or form. This includes presentation in electronic (digital), print, audio, video, image, graphical, cartographic, physical sample, textual or numerical form.
Legal action	Includes an action relating to a legal process that has commenced or is reasonably anticipated including, for example: • a preceding in the courts instituted by one party against another • a demand or claim (demand for compensation made on an entity by a third party) • applications under *Right to Information Act 2009* (Qld) or *Information Privacy Act 2009* (Qld) (excluding Administrative Access) • a subpoena and other third party requests for records including, but not limited to: ○ summons ○ search warrant ○ notice of non-party disclosure ○ notice to produce ○ other requests made under, for example: ▪ *Coroners Act 2003* (Qld) ▪ *Evidence Act 1977* (Qld) [s. 134A] ▪ *Industrial Relations (Tribunals) Rules 2011* (Qld) [Part 2, Division 2, Subdivision 7 Part 3, Division 5]

Term	Definition
	▪ *Motor Accident Insurance Act 1994* (Qld) [s.37] and *Motor Accident Insurance Regulation 2004* (Qld) [s.19] ▪ *Personal Injuries Proceedings Act 2002* (Qld) [s.9] and *Personal Injuries Proceedings Regulation 2014* (Qld) [s.19] ▪ *Police Powers and Responsibilities Act 2000* (Qld) [s.547] ▪ *Queensland Civil and Administrative Tribunal Act 2009* (Qld) [s.97] ▪ *Workers' Compensation and Rehabilitation Act 2003* (Qld) [s.519] NOTE: Where doubt exists as to whether an action is covered by the term 'legal action', legal advice should be sought from a lawyer in the Department of Health or Hospital and Health Service, whichever is applicable.
Machinery-of-Government change (MOG)	An administrative, organisational or functional change that affects public authorities (e.g. a transfer of functions, abolition of a public authority, establishing a new authority). A MOG can occur because of an election, departmental restructure, legislative change, or the privatisation or outsourcing of government functions.
Metadata (for recordkeeping)	Data that describes the content, context and structure of records. Metadata is structured or semi-structured, descriptive information about a record. Recordkeeping metadata enables a record to be managed. It assists in identifying and retrieving records, and supporting long term record functionality, reliability, and effective preservation or disposal authentication.
Permanent records	Records with a permanent retention are required to be kept indefinitely because they have a high enduring or archival value. Permanent records are usually identified during appraisal and are given the disposal action of 'retain permanently' or 'permanent' in a retention and disposal schedule. In some cases the disposal action may specify if the records are to be retained in agency or transferred to QSA.
Physical record	A source record that is tangible and takes up physical space (e.g. paper or microfilm).
Recordkeeping	The making and maintaining of complete, accurate and reliable evidence of business transactions in the form of recorded information. Recordkeeping includes: • the creation of records in the course of business activity • the means to ensure the creation of adequate records

Term	Definition
	• the design, establishment and operation of recordkeeping systems • management of records used in business and as archives.
Record(s)	Recorded information created or received by an entity in the transaction of business or the conduct of affairs that provides evidence of the business or affairs and includes: a) anything on which there is writing b) anything on which there are marks, figures, symbols or perforations having a meaning for persons, including persons qualified to interpret them c) anything from which sounds, images or writings can be reproduced with or without aid of anything else, or d) a map, plan, drawing or photograph.
Recordkeeping system	Information system which captures, manages, and provides access to records over time. A records system can consist of technical elements such as software, which may be designed specifically for managing records or for some other business purpose, and non-technical elements including policy, procedures, people, and other agents and assigned responsibilities.
Resentencing	The application of new or revised retention periods and disposal actions to previously sentenced records following the approval of a new or updated retention and disposal schedule.
Restricted Access Period (RAP)	A period of time set by the HHS Chief Executive or their authorised delegate during which a public record in the custody of QSA may not be accessed except by application under the *Right to Information Act 2009* (Qld) or with specific authorisation from the responsible public authority. When records are under a 'RAP', they are referred to as 'closed' – that is, closed to public access for the duration of the RAP. Records not subject to a RAP are referred to as 'open' to public access.
Retention and disposal schedule	A legal document issued by the Queensland State Archivist to authorise the disposal of public records under the *Public Records Act 2002* (Qld).
Retention period	The minimum period of time that records need to be kept before their final disposal as specified in an authorised retention and disposal schedule.
Sentencing	Identifying and classifying records according to an authorised retention and disposal schedule and applying the specified retention period and disposal action.
Source records	Documents or records that have been copied, converted or migrated from one format or system to another. The source

Term	Definition
	records are those that remain following the successful conversion or migration. Source records may be an original record, or a reproduction generated by an earlier copying, conversion or migration process. **Digital source record** is in digital format and stored on digital media. **Physical source record** is tangible and takes up physical space (e.g. paper or microfilm).
Temporary records	Records assigned a temporary retention period within a retention and disposal schedule. They may be either transitory, short-term or long-term retention. These records can be sentenced for destruction when their authorised retention period expires.
Value	The ongoing usefulness or significance of a record to both the organisation and the state based on the evidential, administrative, financial, legal, informational and historical values.

Version Control

Version	Date	Comments
1.0	09 May 2014	Approved
1.1	12 June 2015	Transferred information into new template and reviewed by Clinical Information Management
2.0	10 November 2021	This standard has been updated to describe the minimum requirements for the retention and disposal of clinical records in line with the current authorised Health Sector (Clinical Records) Retention and Disposal Schedule