

**Michigan Department of Community Health
Division of Health, Wellness & Disease Control
HIV/AIDS Prevention & Intervention Section**

**Retention Guidelines for HIV Medical Records
September 2006**

Record Keeping & Maintenance

The purpose of this document is to provide HIV/AIDS counselors and administrators with guidelines for maintaining HIV/AIDS medical records. This document should only be considered an interpretation of Michigan law and is no substitute for your agency's own legal research.

Currently, the Michigan Public Health Code (PHC) does not provide specific guidance for retaining HIV client medical records, including those for HIV counseling, testing, and referral services (CTR). However, there are a few areas within the PHC that may become relevant depending on the issue. Specifically, if you look to MCL 333.5114a, Subsection (6), there is an exception pertaining to partner counseling and referral services (PCRS) which requires that PCRS records be retained for no longer than 90 days. Additionally, MCL 333.5114(3) prohibits the use of any roster of persons by name, whose test results indicate that they are infected with HIV.

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), HIV/AIDS Prevention and Intervention Section (HAPIS) recommends that principles to protect client confidentiality be the framework for storing all client HIV/AIDS records and files. All paper copies of client medical records should be kept in a **locked file cabinet** which is made of steel or other sturdy material. Files currently in use must not be kept on staff desks or cubicles where confidentiality is compromised, and all files should be returned to locked cabinets immediately after use.

The following protocols are either **recommended** or **required**, and are written accordingly. DHWDC/HAPIS **recommends** retaining records in the context of state retention guidelines and other recommended or required guidelines (Michigan State Medical Society [MSMS], Medicare, etc.). Those protocols that are listed as being **required** have a basis in the Public Health Code.

1. HAPIS & MDCH Required Forms

- a. The following list includes required forms utilized by the MDCH Division of Health, Wellness and Disease Control, HIV/AIDS Prevention & Intervention Section (HAPIS):

Partner Counseling and Referral Services (PCRS) Forms:

1. DCH 1221 – Confidential Request for PCRS Assistance.

DHWDC/HAPIS requires that this form be retained no more than 90 days.

2. DCH 1275 – Patient Investigation Form.

DHWDC/HAPIS requires that Part I and Part II of this form be retained as part of the client's case file for no more than 90 days. Part III may be retained separately from Part I/II, or destroyed after entry of data into the HIV Event System (HES) within 90 days from initiation.

3. DCH 1225 – Client Authorization for Counselor Assisted Referral ("CARF").

After entering this data into the HES by the referring counselor, DHWDC/HAPIS recommends that this form be retained for at least three (3) years.

Case Report Forms:

1. Adult HIV/AIDS Case Report Form (CDC 50.42A).

A case report form is required under MCL 333.5114 of the Public Health Code. According to the State of Michigan Records Retention and Disposal Schedule, MDCH Disease Surveillance retains this form for thirty (30) years. Therefore, DHWDC/HAPIS recommends this form be retained for at least five (5) years, after which; a copy can be requested from MDCH, if needed.

2. Pediatric HIV/AIDS Case Report Form (CDC 50.42B).

A case report form is required under MCL 333.5114 of the Public Health Code. According to the State of Michigan Records Retention and Disposal Schedule, MDCH Disease Surveillance retains this form for thirty (30) years. Therefore, DHWDC/HAPIS recommends this form be retained for at

least five (5) years, after which; a copy can be requested from MDCH, if needed.

DCH-0675 HIV Test Information Booklet Consent Form:
("Important Health Information").

A consent form is required under MCL 333.5133 of the Public Health Code. DHWDC/HAPIS recommends retaining consent forms for at least three (3) years after testing, for negative test results. DHWDC/HAPIS recommends that consent forms for positive HIV test results be retained for at least five (5) years after the date of the last positive test. These recommendations apply to confidentially tested clients only.

HIV Event System (HES) CTR and PCRS forms:

DHWDC/HAPIS recommends that these forms be retained for no longer than one (1) year.

2. Test Results

1. Anonymous or Confidential Positive Test Results

DHWDC/HAPIS recommends that this information be retained indefinitely or until it is determined the client is deceased.

2. Anonymous or Confidential Negative Test Results

DHWDC/HAPIS recommends that this information be retained for at least five (5) years.

3. Medical Records

1. Medical Records of HIV Infected Clients

There is no Michigan law that stipulates the length of time that a medical record must be retained; therefore, DHWDC/HAPIS recommends the following retention protocol for these records in accordance with Michigan State Medical Society (MSMS) recommendations:

"In general, medical records with respect to competent adults should be kept at least seven (7) years. Records with

respect to minors should be kept for at least seven (7) years or until the minor reaches his/her tenth birthday, for treatment after April 1, 1994; fifteenth birthday, for treatment after October 1, 1986; and nineteenth birthday, for treatment prior to October 1, 1986, which ever is earlier. “ (MSMS Medical Records Information Booklet, October, 2004)

2. Medical Records of Deceased HIV Infected Clients

“The guidelines stated above apply to the medical records of deceased patients. Obviously, the retention of the records for treatment purposes is no longer necessary. However, the advice with respect to protection from litigation, set forth above, still applies.” (MSMS Medical Records Information Booklet, October, 2004)

4. Documentation

HIV CTR staff should document HIV and AIDS prevention and treatment activities with all clients so that records are available to guide further interventions. Maintaining records may also be of use if legal questions arise regarding any client and his/her services at the agency. DHWDC/HAPIS recommends that all records should be written as clearly and concisely as possible.

- a. A counselor should document each activity immediately after the activity has occurred, and record the date, time, and nature of that activity. This dated activity should be legible and interpretable.
- b. A counselor should take responsibility to ensure that each disease intervention activity work record is legibly, coherently, and accurately documented to permit the rapid reconstruction of all activities performed, and that each record demonstrates a timely assessment of the most current activity performed on all open and active investigations.

5. Disposal of Medical Records

Once the recommended or required storage time has expired, DHWDC/HAPIS recommends that the expired documents and medical records be disposed of with the use of a shredder or a similar method that would render them illegible.