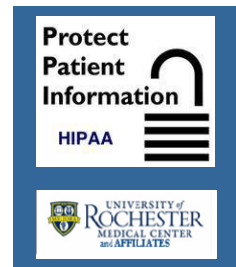


HIPAA HIGHLIGHTS

November 2022



Disposal Caution: Does This Material Contain PHI?

All departments and workforce members of URM and Affiliates (URMC) are responsible under both HIPAA and URM's [OSEC08 Physical and Environmental Policy](#) to dispose of anything containing protected health information (PHI) in a way that makes it unreadable and unrecoverable. Despite all of our electronic resources and efforts to minimize printing of PHI, URM continues to produce large quantities of paper and other non-electronic printed/handwritten material, such as labels on bags and supplies, that must be disposed of securely. Failure to do so can result in a breach of PHI that we must disclose to the federal government and affected patients. It can also result in disciplinary action for the responsible employee(s).

What types of items are we talking about?

They can include **but are not limited to:**

- IV Bags and medication containers
- Printed reports or patient lists
- Patient labels that were printed but not used in patient care
- Labels used for medical supplies
- Labels affixed to medical equipment
- Handwritten lists or notes containing any patient identifiers

How should I dispose of these items?

For disposal of paper records or other printed/handwritten material, the best method is shredding or use of a secure, i.e. locked shred bin provided by your document destruction vendor. Best practice is to remove the PHI from your work area and securely dispose of it as soon as it no longer is needed.

If you do not have a secure shred bin near your work station, you must securely dispose of any paper trash containing PHI by the end of every shift.

Use of open blue recycling bins as temporary storage for materials waiting for transport to a secure shared bin is strongly discouraged because of the risk that the material in these bins inadvertently will be put in trash.

For disposal of IV bags and medication containers, follow your facility policies which include disposal methods that address both environmental and safety concerns and patient privacy.

To sum up:

Remember that anything with patient information printed or stored on it, must be disposed of properly! If you are unsure how to dispose of an item containing PHI, check your site's disposal policies, talk with your supervisor, or contact your HIPAA Privacy Officer or Security Official. If you need to know whether your paper or labeled trash contains patient identifiers/PHI, see the list of HIPAA identifiers [here](#).

For information on this or other HIPAA-related topics, please refer to [URM's HIPAA Intranet site](#) or contact your [Privacy Officer](#) or [HIPAA Security Official](#).