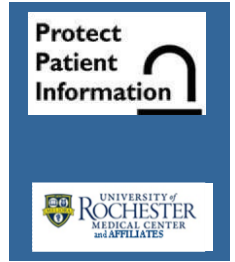


HIPAA HIGHLIGHTS

May 2024



Proper Disposal: Does This Material Contain PHI?

All departments and workforce members of URM and Affiliates (URM) are responsible under both HIPAA and URM's [OSEC08](#) Physical and Environmental Policy to dispose of anything containing protected health information (PHI), or other High Risk data, in a way that makes it unreadable or unrecoverable. This includes both electronic, paper, or other non-electronic materials such as IV bags and other supplies. Failure to dispose of materials that contain PHI can result in a breach that must be disclosed to the federal government and affected patients. It can also result in disciplinary action for the responsible workforce member(s).

What types of items are we talking about?

They can include but are not limited to:

Paper or Other Non-Electronic Materials	Electronic Devices
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Desktop computers• Laptops• Cell Phones• Medical Devices

Disposal of Paper or other non-electronic materials:

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 workstation, 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.

Disposal of University Owned electronic devices:

To dispose of university-owned or managed devices, contact your local IT support organization.

Disposal of Personally Owned electronic devices:

To dispose of personal electronics, you can securely recycle digital devices free of charge through the [IT Equipment Recovery Program](#). The UR Tech Store provides a list of [equipment eligible for recycling](#) and different recycling options. When ready, you can either [request a pickup](#) or drop off electronics at the UR Tech Store's Med Center location, Room G-7220B, between 9 and 4 p.m.

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 [URMC's HIPAA Intranet site](#) or contact your [Privacy Officer or HIPAA Security Official](#).