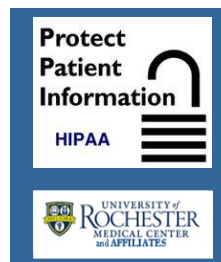


# HIPAA HIGHLIGHTS

*March 2025*



## ***Paper, Paper, Paper – Proper Handling and Disposal***

Last month's HIPAA Highlights covered missing, lost, or stolen devices. This month, we will focus on properly handling and disposing of paper containing protected health information (PHI). All departments and workforce members of UPMC and Affiliates are responsible under HIPAA and UPMC's [Sec Policy 08.1: Physical and Environmental Security](#) to securely dispose of anything containing PHI or other High-Risk data that makes it unreadable or unrecoverable. Despite our electronic resources and efforts to minimize the printing of PHI, UPMC continues to produce large quantities of paper and other printed/handwritten material (e.g., labels on bags and supplies). Failure to dispose of paper containing patient information securely can result in a breach of PHI that we must report to the federal government and the affected patients.

It can also result in disciplinary action for the employee(s) responsible for the error.

### **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 or handwritten material, the best method is shredding or using a secure, locked shred bin provided by your document destruction vendor. The best practice is to remove the PHI from your work area and securely dispose of it when it is no longer needed.

**You must securely dispose of any paper trash containing PHI in a secure shred bin near your workstation by the end of every shift.**

The Privacy Office continues to receive reports of paper PHI being placed in the regular trash, in recycling bins, patient lists, or handwritten information found in parking lots, in the grass or landscape on the hospital property, and in other public places.

The use of open blue or green recycling bins as temporary storage for materials waiting for transport to a securely shared bin is strongly discouraged because of the risk that the material in these bins will be inadvertently put in the trash. For disposal of IV bags and medication containers, follow your facility's policy on disposal methods that address environmental and safety concerns and patient privacy.

Remember, anything with patient information printed or stored on it (i.e., USB drive) 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 are unsure if your paper or labeled trash contains patient PHI, see the list of HIPAA identifiers [here](#).

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