

The following are responsible for the accuracy of the information contained in this document

**Responsible Policy Administrator**

Assistant Vice Chancellor for Administration (for discussion)

**Responsible Department**

Office of the Vice Chancellor for Admin. & Finance

**Contact** (508) 856-3892

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## Policy Statement

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The *Records Management, Retention, and Disposition Policy* assures the Medical School complies with the University's policy on Record Management Guidelines (U-RMG) effective January 28, 2013. Specifically, UMMS will comply with legal and regulatory standards, meet good business practices, and minimize the cost of record retention.

The policy is issued pursuant to the [University of Massachusetts Board of Trustees' Record Management, Retention and Disposition Policy \(Doc. T99-061 adopted August 4, 1999\)](#) and is designed to meet applicable University, state, and federal requirements.

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## Reason for Policy

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The University of Massachusetts system has issued records retention and destruction standards to be implemented by each campus to:

1. Ensure employees follow University standards governing record retention and destruction;
2. Provide reasoning for appointing appropriate record custodians;
3. Establish a method for preserving records;
4. Ensure employees generate, use, maintain, store, retain, and dispose records in accordance with policy

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## Entities Affected By This Policy

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- All UMMS employees that handle Medical School records
- Office of General Counsel
- Record Administrator

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## Related Documents

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- UMMS Records Retention and Disposition Schedule
- [Massachusetts Statewide Records Retention Schedule](#)
- [University of Massachusetts Record Management, Retention and Disposition Policy \(Doc. T99-061 adopted August 4, 1999\)](#)

- [UMMS Office of Medical History and Archives](#)
- [University of Massachusetts Records Management, Retention and Disposition Standards \(Approved: August 4, 1999; Revised: June 13, 2008\)](#)
- [University of Massachusetts Data and Computing Standards \(Approved January 12, 1998; Revised: January 16, 2008\)](#)
- [University of Massachusetts Data and Computing Definitions \(Approved January 12, 1998; Revised November 6, 2008\)](#)
- [University of Massachusetts Responsible/Acceptable Use of Computing and Data Resources Standards \(Approved January 12, 1998; Revised November 5, 2008\)](#)
- [University of Massachusetts Data/System Administrator Responsibilities and System Requirements \(Approved January 12, 1998; Revised April 18, 2008\)](#)

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## Scope

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The policy's scope:

- Is based on the regulations and laws of the Commonwealth of Massachusetts and the United States, and other accrediting or regulatory bodies
- Applies to all records generated or received by UMMS, located in offices, in possession of employees, on servers or electronic devices own or used by UMMS employees
- Applies to UMMS employees whether full or part-time, or on a seasonal or temporary basis.

All records will be categorized as either Records or Non-Records. See Definitions section.

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## Responsibilities

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The UMMS Record Administrator is appointed by the Executive Vice Chancellor for Administration and Finance and has overall responsibility for communication and management of the records retention policy and procedures.

The Records Review and Oversight Committee (the "Committee"), chaired by the Record Administrator, is responsible for the oversight and enforcement of the policy. The committee will authorize any changes in policy. The committee includes representation from the following areas:

- Administration
- Office of Research
- Office of Compliance and Review, Commonwealth Medicine
- Office of the Registrar
- Financial Aid
- Financial Services
- Human Resources
- Faculty Affairs
- Academic Administrators
- Office of Education Affairs
- Information Services
- Auxiliary Services

The Record Administrator maintains a *Records Retention and Disposition Schedule* (the "Schedule") that summarizes the complete inventory of campus records. The Schedule will be organized by department, retention period, and storage location.

The Record Administrator will communicate and coordinate with departments to ensure policy is followed at the department level.

Departments must manage their records to assure compliance with the *Records Management, Retention and Disposition Policy*. Additionally, they are responsible for providing updates to the *Schedule* as needed.

The campus archivist is responsible for ensuring archival records are kept pursuant to the policy.

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## Procedures

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Procedures for managing records can be summarized by the following steps:

- Categorize and classify records
- Store and maintain records according to documented requirements
- Dispose of documents timely and securely
- Provide an annual report to the Record Administrator of retention and disposition

### Retention Period

The Massachusetts State Records Retention Schedule serves as an excellent guide to establish time periods for retention. Departments are responsible for determining their retention schedule. To the extent possible, records of the same type shall have the same retention period.

### Record Administrator

The Chancellor shall designate an individual (the Records Administrator) who will have primary authority for compliance with this policy.

### Categorize and Classify

Each department shall determine the retention schedule that best addresses its unit's Records. The department shall provide a copy of its Retention Schedule to the Record Administrator. The schedule must list all types of Records and the time period to be retained. Refer to University Guidelines for retention period details.

### Storage and Maintenance

Records must be maintained on Medical School property or storage facilities or on Medical School servers

### Disposition

- Employees shall destroy all Records, excepting any with a Legal Hold, as soon as practical
- Each unit shall set an annual date by which all Records whose retention period has expired in the preceding 12 months have been destroyed. Managers must keep an annual report of the types of Records destroyed and the manner in which they were destroyed. A copy of the Annual Report must be provided to the Records Administrator.
- Employees should dispose non-records as soon as practical.
- The method of destruction depends on the medium and subject content. For example, records with personal health information (PHI) must be destroyed in accordance with MGL c 93I; confidential records should not be placed in unsecured recycling unless rendered unrecognizable. Paper records should be shredded and electronic records should be destroyed or erased.

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## Definitions

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**Records** are generated or received by or on behalf of the Medical School which include information pertaining to Medical School business or resources, or activities thereof. This definition is to be interpreted broadly.

**Non-records** are not essential and do not need to be retained. As a general rule, merely forwarding other documents or copies of original Records are Non-records and should not be retained. If there is doubt as to whether an item is a Non-record or not, it should be considered a Record. It is the responsibility of the employee to determine whether a record is a Record or not.

**Legal Holds** are directives from the Office of General Counsel. Records subject to Legal Holds may have to be retained for a longer period than required by policy.

**Confidential Records** are records the disclosure of which would harm the privacy of individuals or the security of the Medical School, or have been designated as confidential by state or federal law.

**Historical Records** are records of historical value to the Medical School and should be archived.

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## Approvals

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Responsible Policy Administrator

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Date

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Vice Chancellor for Administration and Finance

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Date

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