

**100-RICR-50-20-17**

**TITLE 100 – DEPARTMENT OF STATE**

**CHAPTER 50 – PUBLIC RECORDS ADMINISTRATION**

**SUBCHAPTER 20 – STATE AGENCY RECORDS RETENTION SCHEDULES**

**PART 17 – DEPARTMENT OF HEALTH RECORDS (HL)**

**17.1 Purpose, Authority, Severability, and Destruction**

**17.1.1 Purpose**

To establish the official retention, maintenance, and disposal requirements for a public record based upon any administrative, legal, fiscal, and/or historical value related to that record created or received by an agency, department, division, board, commission, office, or quasi-public corporation under any branch of State or local government which performs functions relating to government, or acts on behalf of a governmental agency, pursuant to law or relating to the transaction of public business.

**17.1.2 Authority**

This Regulation is promulgated pursuant to the authority granted in R.I. Gen. Laws Title 38 (“Public Records”), including expressly but without limitation R.I. Gen. Laws §§ 38-3-1 et seq.

**17.1.3 Severability**

If any provision of these Regulations or the application thereof to any Person or circumstances is held invalid by a court of competent jurisdiction, the validity of the remainder of the regulations shall not be affected thereby.

**17.1.4 Destruction Review Procedure**

Government employees should also consult with their administration to determine if any records eligible for destruction may be involved in current, pending, or anticipated litigation, any government investigation or regulatory proceeding, or request under the Access to Public Records Act. (Part 10-2 of this Chapter (Legal Records) and R.I. Gen. Laws Chapter 38-2)

## **HL1            Community, Family Health and Equity**

### **HL1.1            Birth Defects Surveillance System**

This series documents the occurrence of birth defects in newborns and children under the age of five for the purposes of detecting trends of morbidity and mortality, stimulating epidemiological research to diminish the impact of birth defects, and identifying birth defects in order to intervene on a timely basis for treatment. The records include individual level data by demographics, diagnoses, and diagnostic codes using International Classification of Disease (ICD, 9th Edition) and procedure codes. (R.I. Gen. Laws Chapter 23-13.3)

Retention:        Permanent.

### **HL1.2            Vaccine Preventable Disease Surveillance**

This series documents school, hospital, lab or health care provider-based reporting of select vaccine preventable diseases as required by regulation. The records include forms that give the names of the reporting site, the ages and grades of affected children (if required), along with the date of the onset of the illness.

Retention:        Retain three (3) years.

### **HL1.3            Vaccinate Before You Graduate Program Vaccination Records**

This series documents immunizations provided by vendors to schools, students, and primary care providers under agreements with the Department of Health per R.I. Gen. Laws § 16-38-2. The records include forms that give immunization dates, vaccine lot numbers, vaccine expiration dates, and names and dates of birth of students. Some students are exempt from vaccination requirements for medical or religious reasons, and the records also include copies of these exemptions signed by school administrators.

Retention:        Retain thirteen (13) years.

### **HL1.4            Vaccine for Children Program Enrollment**

All physicians receiving state supplied vaccines must agree to follow state and federal guidelines for patient and vaccine management. These records document that. They may include, but are not limited to, agreement forms and site visit records. The information includes physicians' names, license numbers, and Medicaid numbers.

Retention:        Retain sixty (60) years.

## **HL1.5 Perinatal Hepatitis B**

Infants whose mothers are diagnosed with hepatitis B while pregnant with them are monitored for follow-up care. This series ensures tracking of those babies for the purposes of providing rapid immunization, immune globulin, and follow-up tests after one year. The records include forms that give the names and dates of birth for the mother and the child, the date of the mother's diagnosis, the name of the case manager, the dates of vaccines and one (1) year tests, and the results of the one (1) year tests.

Retention: Retain one hundred (100) years.

## **HL1.6 Family Planning Advisory Council Records**

The Family Planning Advisory Council focuses on program management issues and is made up of contracted Title X providers. The records include, but are not limited to, minutes of the Council's meetings and correspondence between the department and contracted Title X family planning agencies.

### **HL1.6A Minutes**

Retention: Permanent.

### **HL1.6B All Other Records**

Retention: Retain until of no further administrative value, but no less than ten (10) years.

## **HL1.7 Family Planning Federal Site Review Documents**

These records include site review findings and the Department's response to the findings. They indicate corrective actions recommended to improve both clinical and operational program quality and guide program improvement planning.

Retention: Retain until of no further administrative value, but no less than ten (10) years.

## **HL1.8 Family Planning Agency Records**

Title X delegate agencies provide clinical reproductive health services to low-income women and men. They are required to meet standards of health care practice, confidentiality and non-discrimination rules, and rules regarding client fee schedules and payment. These records include annual work plans, sliding fee scales, site review summaries, and other

program management related documents for each contracted Title X provider.

Retention: Retain until of no further administrative value, but no less than ten (10) years.

#### **HL1.9 Newborn Metabolic, Endocrine, and Hemoglobinopathy Screening Program Records (Newborn Blood Spots)**

Newborn screening is mandated for all babies born in Rhode Island unless parents object based on conflict with their religious tenets and practices per R.I. Gen. Laws § 23-13-14. All newborns are screened for metabolic, endocrine, hemoglobin, and developmental risk factors to detect the risk of rare, but serious disorders at the earliest possible point. Screening for hearing loss is also part of this program in order to prevent delays in development of speech and language skills. When risk factors are identified, the Perinatal and Early Childhood Health Unit of the Community, Family, Health, and Equity Division provides information pertinent to diagnosis, treatment, and follow-up strategies to the parent(s) and caregivers of the children. The caregivers receiving the results include primary care providers and specialty care physicians so they can facilitate tracking and medical follow-up as needed. The records in this series may include, but are not limited to, demographic information (on mothers and children), specimens from blood samples, parent refusal forms, receipt confirmations (in the form of certified letters), tracking forms, follow-up forms, home birth forms, daily specimen receipt tracking logs, laboratory results, primary care provider information, information on risk factors for hearing loss, hearing screening results, audiologic diagnostic results, notes concerning contacts made, and notes relating to tracking and follow-up. Some of the demographic information (hospital of birth, name, gender, date of birth, birth weight, current weight, mother's name, mother's date of birth, and other items) is provided to the New England Newborn Screening Lab. For cases in which risk factors are identified, data is entered into the National Newborn Screening & Genetics Resource Center Screening Information System (assigned state case number, case ID, report year, confirmed case data, disorder type, specific disorder, number of days from birth to physician notification, number of days from birth to treatment, date of physician notification, date of treatment, and date of birth).

Retention: Retain twenty-three (23) years.

#### **HL1.10 Newborn Developmental Risk Assessment Records**

Rhode Island developed the newborn developmental risk assessment in response to a federal requirement for states to seek out children at risk

for developmental delay and intervene early (Pub. L. No. 101-476 (Federal Individuals with Disabilities and Education Act)). This risk assessment was developed as part of the state's "child find" system and infants found to be at risk are referred to Early Intervention, Family Outreach Home Visiting or other community programs that monitor and foster healthy child development per R.I. Gen. Laws § 23-13-22. These records document the information provided on each child referred. In addition to demographic information on the children, the records contain medical and psychosocial information about the infants and mothers concerning developmental risk and material on tracking and follow-up.

Retention: Retain twenty-three (23) years.

### **HL1.11 Childhood Lead Poisoning Prevention Program Files**

Rhode Island's Lead Poisoning Prevention Act (R.I. Gen. Laws § 23.24-6) established lead screening for all children under the age of six (6), as well as receiving case management and environmental interventions depending on blood lead levels and requiring the collection and report of all blood lead tests. The Program maintains the "Lead Elimination Surveillance System" (LESS) database with all the blood lead tests data from 1994. When a child is found "significantly lead poisoned" according to the Regulations, an individual file is opened.

#### **HL1.11A Negative Blood Test Results**

Retention: Retain until child reaches age twenty-one (21).

#### **HL1.11B Positive Blood Test Results**

Retention: Retain one hundred (100) years.

#### **HL1.11C Positive Blood Test Case Files**

Retention: Retain one hundred (100) years.

### **HL1.12 Crippled Children's Program**

The Rhode Island Health Department provided direct service to children and families through the Rhode Island Crippled Children's Program prior to 1980. The records include, but are not limited to, individual child records regarding surgeries, insurance, and therapies.

Retention: Retain three (3) years after the patient's twenty-first (21st) birthday.

### **HL1.13 Early Intervention Program**

This series documents the performance of the various sites engaged in the Early Intervention program on a monthly basis. The records include, but are not limited to, data on numbers of children enrolled and billing information for each EI provider site.

Retention: Retain three (3) years.

#### **HL1.14 Special Needs Medical Home Project Files**

The Community, Family, Health, and Equity Division oversees special needs medical homes projects under the Pediatric Practice Enhancement Project (PPEP). The PPEP is overseen more specifically by Pediatric Specialty Services, which works to provide medical home enhancement for children and youth with special healthcare needs including those with Autism Spectrum Disorder. The project is designed to ensure a coordinated system of care for children and youth with special needs (and their families) by placing trained Parent Consultants in pediatric primary and specialty care practices to assist families in accessing community resources, to assist physicians and families in accessing specialty services, and to identify barriers to coordinated care. This series includes all information on participants in the project. The records may include, but are not limited to, intake information on participants, demographic profiles, work plans for participants, referrals, and records of services delivered.

Retention: Retain three (3) years after the participant leaves the program.

#### **HL1.15 Cancer Registry**

The Community, Family, Health, and Equity Division maintains the Rhode Island Cancer Registry per 216-RICR-10-10-2, adopted to establish a unified procedure for the reporting of malignant and related diseases to the registry. A malignant disease means a diagnosis of cancer (made microscopically and/or non-microscopically) established by a licensed physician, which includes cancers at all sites and all stages that are listed in the most current version of the "International Classification of Diseases for Oncology" (ICD-0), published by the World Health Organization. The Registry serves the purpose of collecting and recording information on cases of malignant and related diseases for the purpose of understanding the extent and nature of the diseases among the citizens of the state and to apply preventive and control measures. Per R.I. Gen. Laws § 23-12-4, the Director of the Department of Health may enter into a contract with a non-profit organization to be responsible to the Registry for the collecting and recording of new cases of malignant disease. Each health care facility and/or provider is responsible for reporting each new case of malignant disease diagnosed and/or

confirmed under its auspices to the Registry per 216-RICR-10-10-2. The Registry also includes data on benign neoplasms of the brain or central nervous system. The data included in the Registry about each individual listed may include, but is not limited to, name, social security number, address, census tract of residence, date of birth, gender, race, usual industry of employment, and usual occupation. The data included about each diagnosis may include, but is not limited to, primary anatomical site of malignancy, date of diagnosis, place of diagnosis, method of diagnosis, extent of disease at diagnosis, histology/behavior/grade of disease, laterality, tumor sequence number, medical record number, reporting facility, first course of definitive treatment (including class of treatment, specific treatment, place of treatment, and date of initiation of therapy), date of admission, source of information (type of medical record), and name of primary physician.

Retention: Retain one hundred (100) years.

#### **HL1.16 KIDSNET Records**

KIDSNET, maintained by the Department of Health, is a computerized child health information system that serves families, pediatric care providers, and public health programs. The purpose of the system is to facilitate the collection and appropriate sharing of health data with all of those it serves in order to facilitate timely and appropriate preventive health services for children from the time of birth until the age of eighteen (18). The system documents all children born in Rhode Island and also includes children born in other states who see a participating doctor in Rhode Island or receive services at any KIDSNET participating program. Information in the KIDSNET database is derived from a wide variety of sources (public and private) including a number of records and programs overseen by the Department of Health (including, but not limited to birth records, laboratory reports such as those drawn from newborn bloodspots), the Women, Infants, and Children Program, the Healthy Homes and Childhood Lead Poisoning Prevention Program, the Newborn Developmental Risk Assessment, the Rhode Island Hearing Assessment Program, the First Connections Program, and the Birth Defects Program. Some of the data is drawn from programs overseen by other state agencies (such as the Department of Human Services' Early Intervention Program) or from private entities (such as healthcare providers who submit immunization records).

Retention: Retain one hundred (100) years.

#### **HL1.17 Community Health Network Records**

Community Health Network (CHN) is a Rhode Island Department of Health (RIDOH) funded initiative that is managed by the Rhode Island

Parent Information Network (RIPIN). CHN acts as an intermediary between various healthcare organizations (HCOs) and community-based organizations (CBOs) to refer patients to evidence-based programs. The patients typically have chronic conditions such as diabetes or arthritis and can be people who look for these resources on their own, or who have their doctors refer them. Until November 2017, providers sent the referral forms concerning these patients to RIDOH, where the RIPIN CHN employees were housed. The RIPIN CHN employees would then facilitate placement of the patients into an appropriate program. Since November 2017, RIPIN's CHN employees and the CHN database have been relocated to the main RIPIN facility, so referring CBOs and HCOs have been sending their referrals directly to RIPIN. However, the Department still receives some misdirected referrals. The records in the series may include, but are not limited to, CHN referral forms and patient files from doctors. The data on the CHN forms may include, but are not limited to, contact information, demographic data, insurance information, and information on the chronic conditions and/or health concerns that prompted the referral. The patient files may include, but are not limited to, medication history, medical history information, primary care provider information, and diagnoses.

Retention: Retain seven (7) years after the participant leaves the program. If the participant is a minor, retain three (3) years after the minor reaches the age of eighteen (18) years or seven (7) years after the participant leaves the program, whichever is later.

## **HL2 Health Laboratories**

### **HL2.1 Forensic Sciences Section Laboratory – Case Files**

The records document the Laboratory's role in the chemical, biological, or physical analysis of criminal evidence. The files may include, but are not limited to, evidence submission forms, chain of custody documentation, case background information, analytical data, notes, pictures, diagrams, court orders, conclusions and findings, laboratory reports and related correspondence.

Note: Landmark cases will be identified in consultation with the State Archives and the Attorney General. Findings and procedures may have to be defended in court.

#### **HL2.1A Landmark Cases**

Retention: Permanent.

#### **HL2.1B All Other Cases**

Retention: Retain one hundred (100) years.

**HL2.2 Forensic Sciences Section Laboratory – Quality Assurance Records**

This series documents efforts to ensure the integrity of evidence handling and testing. The records may include, but are not limited to, calibration data, equipment maintenance records, Quality Assurance team meeting records, management review meeting records, internal audit documents, corrective action reports (with related documents), preventive action reports (with related documents), peer review records, validation studies (for equipment and procedures to document the testing performed to assure that a piece of equipment or method will work properly in the laboratory), contract review documents, certificates of analysis, training records, proficiency testing documents, standards records, court testimony records, policies and procedures, breath instrument monitoring records, officer training and certification records, and subcontractor lists. The corrective and preventive action reports document quality issues that arise through consumer complaints and internal reports of quality system deviations, as well as the corrective actions taken to address the issue and the preventive actions taken to avoid repetition.

Note: Records may be required in court to support the findings and procedures detailed in forensic case files.

**HL2.2A Corrective Action Reports, Preventive Action Reports, and Court Testimony Records**

Retention: Retain one hundred (100) years.

**HL2.2B Court Testimony**

Retention: Retain two (2) years after the end of employment of the testifier, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

**HL2.2C Equipment Maintenance Records and Calibration Data**

Retention: Retain for the period of the length of service (use), plus twenty (20) years.

**HL2.2D All Other Records**

Retention: Retain one hundred (100) years.

### **HL2.3 Forensic Sciences Section – Breath Testing Program Records**

These records document the program to certify the training of breath-testing (for blood alcohol levels) police officers and their equipment. They may include, but are not limited to, training records, calibration records, repair records, test scores, and related correspondence.

Retention: Retain during the period of employment for the person certified, or life of equipment, plus twenty (20) years.

Note: Records may be required in court.

### **HL2.4 Forensic Sciences Section – Testimony Records**

These records document appearances by laboratory staff (in court or before legislative bodies) to attest or promote laboratory findings, procedures, policy, and recommendations. The records may include, but are not limited to, invitations, summons, background support materials, notes, transcript excerpts, and related correspondence. Some of the documents pertain directly to the quality of laboratory findings in criminal cases.

Note: These materials are sometimes filed with individual forensic case files. Landmark cases will be identified in consultation with the State Archives and the Attorney General.

#### **HL2.4A Records Relating to Landmark Cases**

Retention: Permanent.

#### **HL2.4B Records Relating to All Other Cases**

Retention: Retain one hundred (100) years.

### **HL2.5 Forensic Sciences Section – Evidence**

The Forensic Section laboratories analyze chemical, biological, and/or physical evidence for potential use in criminal investigations or ensuing legal action. After testing is complete and report of finding is issued, evidence remaining after testing may be returned to the submitting law enforcement agency. For returned evidence the lab retains a copy of the chain of custody, laboratory testing record and report, along with all other paperwork associated with the case. Evidence disposition is recorded in the case record.

#### **HL2.5A Evidence Remaining After Testing Is Complete**

Retention: Return to agency after testing is complete and report of findings is issued.

#### **HL2.5B Evidence Without Known Law Enforcement Involvement**

Retention: Retain ten (10) years.

### **HL2.6 Biological Science – Test Requisitions**

The Biological Science Section receives specimen test requisitions from health care providers along with the actual specimens for medical testing per 216-RICR-60-05-4 (Rules and Regulations for Licensing Clinical Laboratories and Stations). Information on these records includes, but is not limited to, patient demographic information, documentation of laboratory test requested, ordering medical provider, type of specimen to be tested, and patient insurance information. Clinical specimens are disposed of after testing is complete.

#### **HL2.6A Clinical Specimens**

Retention: Retain until testing is complete (the testing process destroys them).

#### **HL2.6B All Other Records**

Retention: Retain five (5) years from date of receipt.

### **HL2.7 Biological Science – Clinical/Environmental Evidence**

The Biological Science Section analyzes chemical, biological, and/or physical evidence for potential criminal investigations and maintains records of the analysis. After testing is complete, environmental evidence may be obtained by the FBI for prosecution, returned to the submitting law enforcement agency, or destroyed per written consent of the submitting law enforcement agency per the laws, Rules and Regulations, or internal policies of the agency. If the evidence is destroyed per written consent, the original chain of custody is retained with the case file. For returned evidence, the lab retains a copy of the chain of custody, laboratory testing record and report, along with all other paperwork associated with the case. Clinical evidence (specimen/isolate) is stored, disposed of, or transferred in keeping with 42 C.F.R. Part 493 and R.I. Gen. Laws Chapter 23-16.2. If clinical evidence is transferred, the original chain of custody form accompanies it. Laboratory reports, testing records, copy of the chain of custody and

any other paperwork associated with the case are retained by the laboratory.

Retention: Retain forty (40) years from date completed, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

## **HL2.8 Biological Science – Quality Assurance Records**

The Biological Science Section Quality Assurance program, per 216-RICR-60-05-4 (Licensing Clinical Laboratories and Stations) and 42 C.F.R. Part 493, at least annually trains and assesses the competency of all employees to test clinical specimens through ongoing proficiency testing which may happen as frequently as monthly. The Quality Assurance Office also assesses needs to maintain compliance with Federal and State Regulations and communicates with the community, professional organizations, and accrediting and certification agencies regarding issues of Quality Assurance. The records may include, but are not limited to, orientation records for new hires, training records, competency assessment records, proficiency test records, and related correspondence.

Retention: Retain five (5) years from date completed, and retain latest copy for each employee for forty (40) years.

## **HL2.9 Biological Science – Specimen Testing Records with Associated Quality Control & Quality Assurance Records**

The Biological Science Section, per 216-RICR-60-05-4 (Rules and Regulations for Licensing Clinical Laboratories and Stations) and 42 C.F.R. Part 493, performs a wide variety of specimen testing and these records document that testing. The lab reports the test results to the healthcare providers involved and these providers also maintain the reports in their own files. The records may include Standard Operating Procedures, patient test records (computer generated work lists, worksheets, photographed images), quality control records (biochemical, media, instrument), instrument maintenance records, and proficiency testing and competency assessment records.

Retention: Retain five (5) years from date of completion.

Note: Each laboratory unit will be responsible for retaining an exact listing of what records are maintained in each box that goes into storage. For all Biological Science Series – the Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191) restricts access to records that contain patient demographics and result information.

## **HL2.10 Environmental Sample Test Records and Quality Control Records**

The environmental sample test records related to the chemical, biological or physical testing and analysis of environmental samples. Environmental samples include, but are not limited to, samples of drinking water, ambient water, ambient (outdoor) air, food, soil, sediment, and paint. Sample tests records may include, but are not limited to, data reports, raw data results, quality assurance/quality control data, raw instrument data (logbook documentation, chromatograms, quantified results, and spectra), calibration and equipment maintenance records, and sample submission records.

Note: If the records in this category pertain to a criminal case, records should be retained for forty (40) years, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

### **HL2.10A Sample Test Records for Lead and Copper**

Retention: Retain twelve (12) years.

### **HL2.10B Sample Test Records for Environmental Microbiology and Food Testing**

Retention: Retain five (5) years, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

### **HL2.10C All Other Records**

Retention: Retain ten (10) years, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

## **HL2.11 Environmental Sciences – Quality Assurance Records**

The Health Laboratories Division of the Department of Health ensures quality of the work of the various licensed laboratories by examining and maintaining quality assurance records generated by various labs including, but not limited to, Inorganic Chemistry, Organic Chemistry, Public Health Microbiology, Environmental Lead, Food Chemistry, and Air Pollution. These records focus primarily on laboratory personnel and may include, but are not limited to, orientation records for new hires,

training records, competency assessment records, proficiency test records, and related correspondence.

Retention: Retain five (5) years from date completed, and retain last copy for each employee for twenty (20) years.

## **HL2.12 Environmental Sciences – Analytical Laboratory Certification Program Records**

The Analytical Laboratory Certification Program licenses laboratories to perform the analysis of potable water, non-potable water, environmental lead, and radiological samples per 216-RICR-60-05-5 (Certifying Analytical Laboratories). The process is also currently regulated by Environmental Protection Agency Publication 815-R-05-004 titled Manual for the Certification of Laboratories Analyzing Drinking Water. The records may include, but are not limited to, commercial, municipal, and state analytical laboratory certification applications (in-state and out-of-state), along with supporting documentation. This documentation may include, but is not limited to, onsite assessment reports, laboratory response, corrective action response, quality assurance plans, standard operating procedures, credentials of laboratory directors and quality assurance officers, laboratory proficiency results, certificates, and lists of certified parameters.

Note: If the records in this category pertain to a criminal case, records should be retained for forty (40) years, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

### **HL2.12A Environmental Lead Analytical Laboratory Certification Records**

Retention: Retain ten (10) years, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

### **HL2.12B All Other Records**

Retention: Retain six (6) years, or seven (7) years after the final disposition of litigation, including all appeals and post-conviction relief in accordance with GRS2.1 (Case Files), whichever is longer.

## **HL2.13 Dog Racing – Urine Test Results**

Health laboratories oversee racing chemistry programs that test urine samples for dogs that race competitively at tracks in the State of Rhode Island. When dogs test positively for any type of forbidden drugs, their handlers and/or owners are subject administrative hearings. The records may include, but are not limited to, documentation of the results and any associated correspondence.

Retention: Retain three (3) years, or seven (7) years after litigation is over.

### **HL3 Disease Prevention and Control**

#### **HL3.1 Women's Cancer Screening Program – CaST (Clinical Database)**

This is a database that is used to track, manage cases, and to analyze the quality of care provided to clients. It also includes signed enrollment forms that are obtained from every woman enrolled and screened through the program. These forms are used to create the database and include client demographics and program eligibility criteria from the enrolling provider office. The program also receives screening results on all breast and cervical cancer screening and diagnostic services provided for each woman enrolled in the program. The final diagnosis and initiation into treatment for each client are also included.

Retention: Retain one hundred (100) years.

#### **HL3.2 Women's Cancer Screening Program – Statewide Toll Free Information Line**

The Women's Cancer Screening Program schedules appointments for all clients referred by outreach workers in the community or who called the information line. Monthly feedback reports are provided to the outreach workers so that they can manage the cases of their clients through the screening process or remind clients of their office visits. The series includes an Excel database that maintains all referrals, and lists outreach workers who refer clients, appointment times, and locations of provider offices. Appointment books are also maintained as reference tools that include information on all appointments scheduled for clients, names of clients, the offices where the appointments were made, and the outreach workers responsible for the referrals (if applicable).

Retention: Retain ten (10) years.

#### **HL3.3 Women's Cancer Screening Program – Treatment Program**

The passage of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA – Pub. L. No. 106-354) amended Title XIX of the Social Security Act (Pub. L. No. 89-97) to give states the

option of providing full Medicaid coverage to uninsured women under age sixty-five (65) who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program and are in need of treatment for breast or cervical cancer. Rhode Island submitted a revised state plan amendment to the Health Care Finance Administration (HCFA) on March 23, 2001 to provide Medicaid coverage to women who had been screened under the Rhode Island Department of Health (DOH) Women's Cancer Screening Program (WCSP) and found to have breast or cervical pre-cancerous conditions or cancer. Rhode Island's request was approved by HCFA and women may be eligible for Medicaid if they are enrolled and screened through the WCSP and need treatment as of January 1, 2001. Successful implementation of the Medicaid benefit requires a coordinated effort between DOH, the Department of Human Services (DHS), and the WCSP participating primary and secondary providers. The application procedure is closely tied to the case management services offered by the WCSP. DOH acts as the conduit between WCSP providers and DHS. The series includes an EXCEL database that contains the names of clients, their vital information, the reason for needing Medicaid Assistance, the number of days in Medicaid Assistance, and all crucial dates.

Retention: Retain one hundred (100) years.

#### **HL3.4 Women's Cancer Screening Program – Provider Remittance System**

The Women's Cancer Screening Program (WCSP) sends monthly payment to providers for all services provided to clients screened through the program. An ACCESS database generates these payments. Providers submit HCFA 1500 forms or UB 92's for payment. This database links with the clinical database (CaST, HL3.1 (Women's Cancer Screening Program – CaST (Clinical Database))) to identify clients that the program has paid for services. Payments are sent with paperwork generated from the Remittance System to each provider to identify the clients for whom the program is providing payment. Aside from the database, the series also includes paper copies of claims and of monthly payments.

##### **HL3.4A Claims (Paper Copies)**

Retention: Retain one (1) year.

##### **HL3.4B Database**

Retention: Retain one hundred (100) years.

### **HL3.5      Disease Prevention & Control – Infectious Disease Outbreak Investigations**

When an outbreak (usually defined as two or more patients with a similar illness in a specified timeframe) is suspected, Disease Prevention & Control (DP & C) conducts an epidemiological investigation as required by several sections of R.I. Gen. Laws Title 23 and by 216-RICR-30-05-1 (Reporting and Testing of Infectious, Environmental, and Occupational Diseases). Examples of such outbreaks include, but are not limited to, food-borne illnesses at establishments following events, respiratory illnesses in residents of long-term care facilities, rash illnesses at elementary schools, waterborne illnesses in people who have ingested water from a common source, and illnesses that may indicate acts of terrorism involving biological agents. 216-RICR-30-05-1 elaborates more on the types of outbreaks involved and also elaborates on who has responsibilities for reporting them. The outbreaks in question are not necessarily confined to one (1) specific facility. They can also be centered in a particular neighborhood or community. When the investigation is completed, a comprehensive report is prepared that summarizes the findings. The records in this series may include, but are not limited to, raw data from the questionnaires, lists of persons ill or not ill (with demographic information), results of environmental investigations and physical facility inspections, laboratory/clinical findings, and written documentation of events related to investigations.

#### **HL3.5A      Landmark Cases**

Retention:      Permanent.

#### **HL3.5B      All Other Cases**

Retention:      Retain ten (10) years after outbreak is brought under control.

### **HL3.6      Disease Prevention & Control – Infectious Disease Surveillance Case Report Forms**

All physicians, laboratories, hospitals, and any other health care professionals and facilities in Rhode Island are required by several sections of R.I. Gen. Laws Title 23 and by 216-RICR-30-05-1 (Reporting and Testing of Infectious, Environmental, and Occupational Diseases) to report cases of communicable diseases. This Regulation gives a detailed enumeration of the types of illnesses that are included, although that is always subject to updates. Individual case reports of such diseases involve the collection, monitoring, and analysis of data (disease surveillance) relevant to the control and prevention of the disease in question. These reports serve as part of the general effort to interrupt

transmission of communicable diseases to susceptible individuals and to reduce mortality rates. The surveillance also aids in the identification and investigation of outbreaks and the interpretation of investigative data and other findings. The records in this series may include, but are not limited to, case report forms and questionnaires. The data collected on these forms may include, but are not limited to, demographic information, clinical information, laboratory findings, disease risk factors, identification of contacts (that is, people that those with particular communicable diseases have come into contact with), immunization histories, and supporting documents.

Retention: Retain five (5) years.

### **HL3.7 Disease Prevention & Control – Tuberculosis Skin Testing Files**

The Department of Health maintains tuberculosis skin testing files that it obtains from the nurses at state-supported tuberculosis clinics and any private health care facilities that treat tuberculosis in Rhode Island. These tests, also known as PPD (purified protein derivative) determine whether or not patients have ever come in contact with the bacteria that causes tuberculosis. The records in this series may include, but are not limited to, test results and any related documentation.

Retention: Retain one hundred (100) years.

### **HL3.8 Disease Prevention & Control – Tuberculosis (Active and Latent) Files**

Retention: Retain one hundred fifty (150) years.

### **HL3.9 Disease Prevention & Control – HIV/AIDS Surveillance Program Records**

The reporting of and monitoring of HIV and AIDS cases to the Department of Health's Office of HIV/AIDS and Viral Hepatitis is mandated by R.I. Gen. Laws §§ 23-6.3-14 and 23-6.3-15. This is true of all such cases diagnosed in Rhode Island, whether the patient is a resident of Rhode Island or not. All AIDS and HIV cases are reported by name and are assigned an accompanying unique identifier to maintain the anonymity of the patient. In the case of patients with actual AIDS as opposed to having simply tested positive for HIV, the address is required on the report form, which is the same form used in both cases. The unique identifier includes patients' initials, birth dates, gender code numbers, race code numbers, last four (4) digits of social security numbers, and zip codes. Information collected from case reporting forms is entered into the database (HIV/AIDS Reporting System – HARS) maintained by the federal Centers for Disease Control and Prevention (CDC). Reports of cases are sent to the CDC on a monthly basis. The

aforementioned Office of HIV/AIDS and Viral Hepatitis monitors trends in these cases and uses them for public health policy development. The office receives reports from the Office of Vital Records and/or the National Death Index when patients die. The records in this series may include, but are not limited to, case reporting forms, which document demographics of patients as well as dates of diagnosis, laboratory findings, symptoms, and risk factors.

Retention: Retain five (5) years after the death of the patient.

### **HL3.10 Choice Care and Disease Management – Traumatic Brain and Spinal Cord Injury (TBI) Registry**

Hospitals within the state of Rhode Island must report traumatic brain and spinal cord injuries to the state's Department of Health per R.I. Gen. Laws § 23-1-49. These injuries must be reported within fourteen (14) days of diagnosis and they include not only inpatient injuries, but also less severe injuries that required medical treatment in the emergency room. The department maintains a registry of these injuries as the same law mandates. The data is utilized to direct injury survivors, their families, and caregivers to appropriate community-based services and supports. The records in this series may include, but are not limited to, registry forms, yearly fact sheets, presentations (poster and power point), data inquiries from community organizations, and records of the statewide prevention campaign. The data on the registry forms may include, but is not limited to, demographic information, hospital names, date of injury, admission date, discharge date, and diagnosis.

Retention: Retain three (3) years.

## **HL4 Environmental and Health Services Regulation**

### **HL4.1 Asbestos Licenses and Certifications**

The Environmental Division issues asbestos licenses and certifications for several job categories, including, but not limited to, the following: Asbestos Abatement Contractor, Site-Supervisor, Worker, Asbestos Consultant (Project Designer, Management Planner, Inspector), Asbestos Competent Person, and Asbestos Analytical Services per R.I. Gen. Laws Chapter 23-24.5 (Asbestos Abatement Act), 216-RICR-50-15-1 (Asbestos Control), and cooperative agreement with the US EPA grant work plan. The division also complies with the Code of Federal Regulations (40 C.F.R. Parts 61 (NESHAP), 763, and § 31.42). The records contain the asbestos program licensing and certification documents. This includes copies of license applications, training documents, certification and/or license issued, agency correspondence

to the licensee including enforcement actions, and occasionally personal medical information for the applicant.

#### **HL4.1A Medical Records**

Retention: Retain thirty (30) years.

#### **HL4.1B All Other Records**

Retention: Retain three (3) years after submittal of final expenditure report to EPA, or seven (7) years after the final disposition of litigation, audit, claim, negotiation or other action by EPA in accordance with GRS2.1 (Case Files), whichever is longer.

### **HL4.2 Asbestos Hazard Emergency Response Plans (Schools)**

The Asbestos Hazard Emergency Response Act (AHERA) requires that the Environmental Protection Agency (EPA) assist states and local education agencies in ascertaining the extent of the danger to the health of school children and employees from asbestos materials in schools, provide assistance (financial and technical) to state and local agencies to help them identify and abate asbestos hazards in schools, and to assure that no employee of any local educational agency be disciplined as a result of reporting a potential asbestos hazard in a school per R.I. Gen. Laws Chapter 23-24.5 (Asbestos Abatement Act) and 216-RICR-50-15-1 (Radon Control). The records also reflect the Code of Federal Regulations (40 C.F.R. Part 763 and § 31.42). The records include, but are not limited to, copies of the AHERA management plan and revisions as submitted by Rhode Island schools, agency correspondence related to the plan and inspection records of state inspection performed.

Retention: Permanent.

### **HL4.3 Asbestos Consumer Complaints**

The Asbestos Control Program receives asbestos related complaints from the public under authority of the Rhode Island Rules and Regulations for 216-RICR-50-15-1 (Asbestos Control), and R.I. Gen. Laws Chapter 23-24.5 (Asbestos Abatement Act). The records include, but are not limited to, written complaints, telephone logs, agency inspection reports and correspondence sent in regard to complaints.

Retention: Retain ten (10) years, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files), whichever is longer.

#### **HL4.4 Asbestos Hazard Inspection Ratings (Public Buildings and Schools)**

The Office of Occupational Health performed asbestos hazard rating inspections from 1985 until 1995. These inspections were performed under authority of the Rhode Island Asbestos Abatement Act (R.I. Gen. Laws Chapter 23-24.5) and 216-RICR-50-15-1 (Asbestos Control). The records include, but are not limited to, inspection reports, agency correspondence and correspondence from the inspected facility.

Retention: Permanent.

#### **HL4.5 Radon Licenses and Certifications**

The radon program licenses and certifies several job categories for people who work with radon: Measurement Business and Consultant, Mitigation Contractor, Specialist and Worker, Analytical Service, Training Course. This is done under the authority of R.I. Gen. Laws Chapter 23-61 (Radon Control Act) and 216-RICR-50-15-2 (Radon Control), 40 C.F.R. § 31.42, the last of which is a cooperative agreement with the Federal EPA grant work plan. The records contain all of the radon program licensing and certification documents, including, but not limited to, copies of license applications, training documents, certifications and/or licenses issued, and agency correspondence to licensees including enforcement actions.

Retention: Retain three (3) years after submittal of final expenditure report to EPA, or seven (7) years after the final disposition of litigation, audit, claim, negotiation or other action by EPA in accordance with GRS2.1 (Case Files), whichever is longer.

#### **HL4.6 Asbestos Abatement Plans**

Regulations require that asbestos abatement/management plans be submitted for regulated buildings in the state of Rhode Island (R.I. Gen. Laws Chapter 23-24.5 (Asbestos Abatement Act), 216-RICR-50-15-1 (Asbestos Control), 40 C.F.R. Part 61 (NESHAP), 29 C.F.R. § 1926.1101 (OSHA Asbestos), 40 C.F.R. Part 763 (AHERA), and 40 C.F.R. § 31.42). The records include, but are not limited to, asbestos abatement/management plans submitted by building manager/owners, agency correspondence in reference to review and approval of the plan, regulatory inspection reports, regulatory inspection correspondence, clearance and personal air sample results and asbestos waste manifests.

Retention: Permanent.

#### **HL4.7 Radon Mitigation Activities – Private Residential**

Certified radon mitigation contractors act to mitigate radon in private residences under the authority of 216-RICR-50-15-2 (Radon Control) and cooperative agreement with the Federal EPA grant work plan. The Department of Health manages the data in order to track radon levels and mitigation activities in the State as well as compliance with the Regulations. The records contain quarterly notification of radon mitigation activities in residential properties in the State and related records.

Retention: Retain three (3) years after submittal of final expenditure report to the EPA, or seven (7) years after the final disposition of litigation, audit, claim, negotiation or other action by the EPA in accordance with GRS2.1 (Case Files), whichever is longer.

#### **HL4.8 Radon Test Results and Mitigation Activities (Public and High Priority)**

Certified radon mitigation contractors act to mitigate radon in public and high priority places under the authority of 216-RICR-50-15-2 (Radon Control) and cooperative agreement with the Federal EPA grant work plan. They also test for the presence of radon under these auspices. The Department of Health manages the data in order to track radon levels and mitigation activities in the State as well as compliance with the Regulations. The records contain quarterly notification of radon mitigation activities in public and high priority places in the State and related records.

Retention: Permanent.

#### **HL4.9 Radon Test Results (Private Residential)**

Private residences in Rhode Island may be tested for the presence of radon under the authority of (216-RICR-50-15-2 (Radon Control) and cooperative agreement with the Federal EPA grant work plan. The Department of Health manages the data in order to track radon levels and trends in the State. The records contain analytical results of radon testing performed in these residential dwellings.

Retention: Permanent.

#### **HL4.10 Environmental Lead – Licensing/Certification**

The State of Rhode Island requires licensing and certification of lead professionals and training providers. This licensing and certification is conducted under a cooperative agreement with the United States

Environmental Protection Agency. The files may include, but are not limited to, license applications, results of tests, training certificates, information on course content, instructor resumes, records of audits, records of violations, and any associated correspondence.

**HL4.10A      Licenses**

Retention:      Retain three (3) years after expiration.

**HL4.10B      Certifications**

Retention:      Retain five (5) years after expiration.

**HL4.11      Environmental Lead – Complaints**

The Department of Health fields complaints of properties that are suspected of conducting illegal abatement activities. The department responds to these complaints as part of its agreement with the United States Environmental Protection Agency under TSCA 404(g). The responses are governed by the State's Lead Poisoning Prevention Act (R.I. Gen. Laws § 23-24.6-28) and 40 C.F.R. § 31.42. The records may include, but are not limited to, field notes, reports of investigations, samples, records of chain of custody, certificates of analysis, correspondence to and from interested parties, consent agreements, and immediate compliance orders. They may also include correspondence to and from the Department of Health, the Attorney General, any city or town involved, and Code Enforcement.

**HL4.11A      Files with No Litigation or EPA-Initiated Audits, Claims, Negotiations, or Other Actions Before Conclusion of Grant**

Retention:      Retain three (3) years after submittal of final expenditure report to the Environmental Protection Agency.

**HL4.11B      Files Involving Litigation or EPA-Initiated Actions**

Retention:      Retain seven (7) years after the final disposition of litigation or action in accordance with GRS2.1 (Case Files).

**HL4.12      Environmental Lead – Private Lead Inspections**

The Rhode Island Lead Poisoning Prevention Act (R.I. Gen. Laws Chapter 23-24.6) requires the conducting of environmental lead inspections to identify lead hazards and to issue lead free and lead safe certificates. The inspections are valid for one (1) year. The records may

include, but are not limited to, environmental lead inspection records, samples, chains of custody, certificates of analysis, and associated correspondence.

Retention: Retain three (3) years.

#### **HL4.13 Environmental Lead – Inspections of Day Care Facilities**

Rhode Island requires environmental lead inspections for day care facilities per 216-RICR-50-15-3. The Department of Children, Youth, and Families also requires them as part of their process for licensing such facilities. These inspections are conducted to identify lead hazards in these facilities and if none are found, they result in the issuance of lead free/safe certification. The inspections are valid for one (1) year. The records may include, but are not limited to, environmental inspection referrals, environmental lead inspection records, samples of material inspected, records of chain of custody, certificates of analysis, correspondence, and field notes.

Retention: Retain five (5) years.

#### **HL4.14 Environmental Lead – Elevated Blood Lead (EBL) Environmental Lead Inspections**

216-RICR-50-15-3 (Lead Poisoning Prevention) requires inspection of residences of any children defined as suffering from Significant Childhood Lead Poisoning (also known as Environment Intervention Blood Lead Level – EIBLL). Any child under the age of six (6) who is diagnosed with a blood lead level greater than or equal to twenty (20) micrograms of lead per deciliter of whole blood is defined by the rules as suffering from Significant Childhood Lead Poisoning. The same shall apply for a child in that age range who is diagnosed with a blood lead level greater than or equal to fifteen (15) micrograms of lead per deciliter of whole blood in two (2) separate tests separated by at least ninety (90) days, but no more than three hundred sixty-five (365) days. Such a diagnosis requires an environmental inspection of any home the child is to live in. These inspections are designed to identify lead hazards in paint, water, soil, dust, and other media. When no such hazards are identified, lead free/safe certifications are issued for the residences in question. When hazards are present, the scope of work required for the property to achieve compliance is described. The records may include, but are not limited to, medical referrals for children, comprehensive environmental lead inspection forms, lead free/safe certificates, limited environmental lead inspection forms, field notes, documentation of environmental samples, records of chains of custody, certificates of analysis, notices of violation, complaints, correspondence of interested

parties, regulatory correspondence involving attorneys, and code enforcement records.

Retention: Retain until child reaches age twenty-three (23).

#### **HL4.15 Environmental Health Risk Assessment – Site-Specific Facility Information/Risk Assessments**

The Office of Environmental Health Risk Assessment takes responsibility for evaluating the public health impact of hazardous materials at various sites. This process involves identification of hazardous materials at these sites and the laboratory work on samples collected. The records may include, but are not limited to, laboratory result reports, consultant reports, correspondence with the general public, and correspondence with the Federal and/or State agencies involved with the identification and needed cleanup of the materials at these locations.

Retention: Retain three (3) years after final action (after inspection if no cleanup is required or after cleanup if one is required). If the records concern matters in litigation, retain seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL4.16 Environmental Health Risk Assessment – Medical Waste Program Records**

250-RICR-140-15-1 (Medical Waste Regulations), from the Department of Environmental Management, requires any and all facilities that generate medical waste to obtain a license. The Department of Health conducts inspections to ensure that this Regulation is being followed and notifies the Department of Environmental Management when facilities are found to be in violation of these Regulations. Environmental Health Risk Assessment is granted full access to this data. The records of the Medical Waste Program fall into four (4) categories – applications for registration (and renewal), inspection reports (broken down further by facility type such as labs, hospitals, and physicians), reports for small quantity generators, and topical files. The records may include, but are not limited to, applications for registration of a license, applications for renewal of a license, inspection reports, small quantity generator reports, correspondence listing Regulation “determinations” (stating whether or not a facility is in compliance and if not, what the deficiencies are).

##### **HL4.16A License Applications and Renewals**

Retention: Retain three (3) years.

##### **HL4.16B All Other Records**

Retention:      Retain three (3) years.

**HL4.17      Environmental Health Risk Assessment – (BT) Mercury  
Thermometer Exchange Records**

The Department of Health coordinates a mercury thermometer exchange program that facilitates exchanging mercury fever thermometers for digital thermometers. The Office of Environmental Health Risk Assessment tracks information gathered during these exchanges by surveying participants in order to monitor the volume of waste collected, individual personal habits, convenience of site locations, and other community issues. The office then utilizes this information to address specific public needs. The records may include, but are not limited to, survey information collected at exchanges, volunteer contact information, emergency contact information, lists of specific mercury items collected, photos of mercury waste, correspondence involving the coordination of these exchanges, requisitions for ordering digital thermometers, annual reports, and copies of articles written for journals with exchange results.

**HL4.17A      Annual Reports and Articles**

Retention:      Permanent.

**HL4.17B      All Other Records**

Retention:      Retain three (3) years.

**HL4.18      Environmental Health Risk Assessment – Chemical Safe Schools  
Committee Records**

The Office of Environmental Health Risk Assessment created the Rhode Island Chemical Safe Schools Committee, which is made up of representatives from several State agencies, colleges, and non-profit organizations. The Committee provides outreach, training, and grant funds to schools to improve their management of chemical supply rooms. The Committee created a list of banned chemicals, which was added to the School Health Regulations. These Regulations indicate that schools should have removed these banned or restricted chemicals by August 2005. The committee continues to work with school districts to ensure compliance with these Regulations. The records may include, but are not limited to, applications for grant funding (from individual schools or districts), chemical disposal information (from private haulers or from the Department of Environmental Management), workshop presentation information (including attendance sheets, mailing information, and other items), and individual meeting notes (not official minutes, just personal reminders of discussions and assignments given). The grant applications

may include, but are not limited to, chemical hygiene plans, chemical inventory lists, and cost estimates.

Retention: Retain three (3) years from date of generation.

#### **HL4.19 Environmental Health Risk Assessment – Public Places and Workplace Smoking Compliance Records**

The Office of Environmental Health Risk Assessment evaluates compliance with legislation and Regulations pertaining to smoking in public places and workplaces. The Public Health and Workplace Safety Act of 2004 (R.I. Gen. Laws § 23-20.10-1) repealed all previous legislation relating to smoking in workplaces and public places and established new requirements that took effect March 1, 2005 (R.I. Gen. Laws §§ 23-20.10-3 and 23-20.10-4). The new legislation bans smoking in all enclosed public spaces in the State of Rhode Island and also in all enclosed facilities within places of employment. These records also pertain to the laws that were repealed by this legislation (R.I. Gen. Laws Chapters 23-20.6 and 23-20.7). These laws regulated smoking in public facilities, but did not ban it entirely. The records may include, but are not limited to, complaints alleging violations of smoking Regulations (in public places or workplaces), correspondence with owners/managers of facilities where alleged violations are reported, air monitoring results, engineering studies, and consultant reports.

Retention: Retain three (3) years after final action.

#### **HL4.20 Environmental Health Risk Assessment – Monthly Carbon Monoxide Reports from Ice Arenas**

State law requires that ice arenas maintain acceptable air quality conditions per R.I. Gen. Laws § 23-23.6-4 and 216-RICR-50-15-4 (Air Quality in Ice Arenas). The Office of Environmental Health Risk Assessment reviews arena compliance with this law. The law places a limit on levels of carbon monoxide that are acceptable and these must be monitored when internal combustion engines and power tools are used at these arenas. The records may include, but are not limited to, monthly carbon monoxide monitoring forms, correspondence with ice arena managers, and other information provided to the office by these managers.

Retention: Retain three (3) years.

#### **HL4.21 Environmental Health Risk Assessment – Mercury Fish Advisories**

The Office of Environmental Health Risk Assessment evaluates the public health impact of mercury in fish and advises the public accordingly. The office provides information on types of fish that are high

risks for mercury content and also provides advice to people who face particular health risks involving mercury such as pregnant women, nursing women, women who are planning pregnancies, and children under the age of six (6). The office also distributes information on bodies of water that are high in mercury content in order to inform the public that fish from those places should not be consumed. The files may include, but are not limited to, correspondence, public fish advisories, laboratory results, and other educational materials.

Retention: Retain three (3) years.

#### **HL4.22 Environmental Health Risk Assessment – Regional Center for Poisoning Control and Prevention Service Delivery Report**

The Office of Environmental Health Risk Assessment evaluates the effectiveness of educational outreach efforts. These efforts involve contracts in some cases and one of the contracts the Department of Health maintains is with the Regional Center for Poisoning Control and Prevention. This center provides tips to the general public on prevention of various types of poisonings (such as carbon monoxide poisoning) and on preventive measures to be taken at times when the risk of poisoning is higher (such as the summer). The center also provides information on poisonous plants, potential food poisoning risks, and other household products that can be dangerous. The records in the series may include, but are not limited to, meeting minutes, program service reports (monthly and annual), and correspondence.

##### **HL4.22A Meeting Minutes**

Retention: Permanent.

##### **HL4.22B All Other Records**

Retention: Retain three (3) years.

#### **HL4.23 Food Manager Safety Certifications**

Per R.I. Gen. Laws § 21-27-11, a certification procedure is required for managers in food safety and food establishments can only employ managers certified in food safety. Certificates must be renewed every three (3) years. The Director of the Department of Health is authorized to enforce the standards specified. The records may include, but are not limited to, certified food safety manager applications, copies of driver's licenses, and copies of education certificates for food service managers.

Retention: Retain three (3) years.

#### **HL4.24 Food Safety Task Force Records**

The Federal Food and Drug Administration (FDA) provides grants for appropriate projects conducted by State health departments. In Rhode Island, the FDA funds the Food Safety Task Force, which is an informal network of representatives from State agencies, academia, the food industry, and nonprofit organizations. It serves as a resource to the food industry, educators, and consumers on food safety issues. The records may include, but are not limited to, copies of minutes of meetings and conferences, evaluations of meetings and conferences, copies of FDA grant applications, and progress reports (interim and final).

**HL4.24A Grant Application and Materials Related to Application**

Retention: Retain for the duration of the grant, plus three (3) years.

**HL4.24B Minutes of Meetings**

Retention: Permanent.

**HL4.24C All Other Records**

Retention: Retain three (3) years, or if the records are associated with litigation, an audit, claim, or negotiation, retain seven (7) years after the final disposition in accordance with GRS2.1 (Case Files).

**HL4.25 Dairy Industry Licensing Records**

The Department of Health must license anyone who manufactures, sells, distributes, or holds in his or her possession or control any frozen dessert, dessert mix, or drink mix for distribution, sale, or resale per R.I. Gen. Laws § 21-9-2. No one without such a license may be involved in these sales. Each license is valid for twelve (12) months. The records may include, but are not limited to, license applications, inspection reports, sample results, complaints, plan reviews, State rating records, and FDA check rating records.

Retention: Retain four (4) years or until the company (or individual) goes out of business, whichever is later.

**HL4.26 Shellfish Licensing Records**

Before conducting any shellfish business within the State of Rhode Island, an individual must obtain a license from the Department of Health per R.I. Gen. Laws § 21-14-2. At the time of application for a license, the department investigates the applicant's facilities and if they are found to

be in compliance with the appropriate laws and regulations, a license is issued upon payment. The licensing program must also meet the standards of the Code of Federal Regulations (21 C.F.R. Part 123) and 216-RICR-50-10-6. Licensees must have in place a Hazard Analysis and Critical Control Point Plan (HACCP) as noted in the aforementioned Federal Regulation. The records may include, but are not limited to, license applications, floor plans, inspection reports, sample results, other program documents, and complaints.

Retention: Retain four (4) years.

#### **HL4.27      Message Therapist/Establishments Records**

The Office of Food Protection is responsible for administrative functions relating to massage therapy establishments. This includes the licensing of these establishments and individual massage therapists. Applications for these licenses must be submitted no later than sixty (60) days prior to the opening of the massage therapy establishment per 216-RICR-40-05-10. The records may include, but are not limited to, business license applications, individual license applications, copies of checks or money orders for license fees, opening inspection reports, copies of certifications/degrees, copies of driver's licenses for applicants, approvals of opening inspection reports, and building plans/blueprints.

Retention: Retain four (4) years or until establishment ceases operation as an ongoing business concern, whichever is later.

#### **HL4.28      Recreational Facilities Licensing (Beaches)**

In order to maintain a bathing beach within Rhode Island, an individual must obtain a license from the Department of Health per R.I. Gen. Laws § 23-21.1-2. The records of this process may include, but are not limited to, license applications, inspection reports, sample results, correspondence, engineering reports, documentation of pollution samples (with information on corrective actions taken), and complaints of illness.

Retention: Permanent.

#### **HL4.29      Food Business/Establishment Licensing Records**

The Office of Food Protection takes responsibility for licensing food establishments in order to ensure that the proper Regulations, statutes, and their requirements are met for the preparation, storage, and service of food for public consumption. Establishments must operate in compliance with R.I. Gen. Laws Chapter 21-27 and the regulations adopted in accordance with this law. The Office of Food Protection also

maintains records of locations of food establishments that have ceased operations. These records are kept in the event that another business opens in the same location so that known previous problems with water systems, sewage systems, existing floor plans can be considered when licensing the new operation. The records may include, but are not limited to, license applications, copies of checks and money orders used to pay for licenses, certification documents, opening inspection records, routine inspection reports, complaints, applications for construction of new facilities, complaints, construction plan reviews, correspondence with licensees, food “embargo” forms, floor plans, and blueprints.

Retention: Retain five (5) years after establishment ceases operation.

#### **HL4.30 Licensing & Prescription Monitoring – Initial License Application Records**

The Professions Regulation Office of the Environmental & Health Services Regulation Division has the authority to issue licenses for more than ninety (90) different professions including, but not limited to, health professionals, food services, public water systems, health care facilities, swimming pools, pharmacies, cosmetology shops, and funeral establishments. The records date back to 1900 and the Department of Health often utilizes the earliest of them to verify license information from original documents such as demographics, education, and place of employment. In earlier times, license information was recorded in logs and index card files. More recently, license application forms became standardized and each applicant had to fill out one of these forms. In addition to the license application information the records in this series may include, but are not limited to, transcripts, examination scores, verifications, Bureau of Criminal Identification criminal history checks, letters of reference, copies of birth certificates, proof of residency, and photographs.

Retention: Permanent.

#### **HL4.31 Licensing & Prescription Monitoring – License Renewals**

The Health Licensing Unit of the Professions Regulation Office of the Environmental & Health Services Regulation Division has the responsibility of renewing licenses for more than ninety (90) different professions including, but not limited to, health professionals, food services, public water systems, health care facilities, swimming pools, pharmacies, cosmetology shops, and funeral establishments. For all professions covered, each licensee must submit a license renewal form at the specified interval, which may be from one (1) to five (5) years depending on the profession involved. The records in this series consist

only of the forms as no attachments or other documents are associated with them. Each form contains demographic information on the licensee, license number, renewal fee, answers to renewal questions, and a signature. The series also includes Request for Inactive Status forms, which are processed along with the renewals and contain much of the same information.

Retention: Retain eighty (80) years or until replaced by an updated form (usually the next renewal cycle), whichever is sooner.

#### **HL4.32 Licensing & Prescription Monitoring – Professional Board Documents**

The Professions Regulation Office of the Environmental & Health Services Regulation Division receives and produces information related to professional boards. Items received include, but are not limited to, standards of practice from national professional associations and requests for continuing education approval. Items produced by the Office may include, but are not limited to, notes from board members on changes in statutes, Regulations, and policies regarding professional licensing and discipline for any and all of the professions under its jurisdiction. The records also include complaint letters, investigations, and memoranda regarding disposition of complaints.

Retention: Retain five (5) years, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL4.33 Licensing & Prescription Monitoring – Medical Marijuana Application and Change Forms**

The Health Licensing Unit of the Professions Regulation Office of the Environmental & Health Services Regulation Division oversees the Medical Marijuana Program established by R.I. Gen. Laws Chapter 21-28.6. All prospective medical marijuana patients in Rhode Island are required to submit an application for registration in this program per R.I. Gen. Laws § 21-28.6-6. These records document that process. The applications contain the patient's name and address as well as other basic personal data. The records may also include, but are not limited to, practitioner statements of diagnosis, affidavits, names and addresses of caregivers, and Bureau of Criminal Investigation reports for caregivers.

Retention: Retain one hundred (100) years.

#### **HL4.34 Licensing & Prescription Monitoring – Prescription Monitoring Data**

Pharmacies are required to report controlled substance prescriptions to the Pharmacy Board of the Professional Regulations Office. Upon receipt, data is loaded into the Prescription Monitoring Program application and database. The records in this series may include, but are not limited to, controlled substance prescription records and prescription data entry error reports.

Retention: Retain three (3) years.

#### **HL4.35      Licensing & Prescription Monitoring – Prescription Monitoring Zero-Fill Affidavits**

All pharmacies with a Controlled Substance Registration must report all Schedule II and Schedule III prescriptions dispensed in Rhode Island. The U.S. Drug Enforcement Agency determines which drugs fall into these categories. If a pharmacist-in-charge (PIC) wishes to swear by affidavit that his or her pharmacy never has and never will dispense any drugs so designated, s/he may sign a zero-fill affidavit. This affidavit is a standardized form developed by the Department of Health. The information found on this affidavit may include, but is not limited to, the name of the pharmacy, the pharmacy's license number, and the name of the PIC.

Retention: Retain five (5) years after the pharmacy license expiration date.

#### **HL4.36      Licensing & Prescription Monitoring – Data Request Forms**

Members of the general public may request lists of licensees for any health profession from the Health Licensing Unit. Anyone that does is required to complete a request for release of records before receiving such a list. The forms ask for such data as contact information (mailing address, e-mail address, etc.) and the license type(s) desired.

Retention: Retain three (3) years.

#### **HL4.37      Nursing Board – Licensing Records**

The Board of Nurse Registration and Nursing Education of the Department of Health issues licenses to nurses. The licenses issued include, but are not limited to, those for registered nurses, licensed practical nurses, and advance practice nurses. The information is used to verify that licensees have met the criteria set forth by the Nursing Board to function as nurses and provide nursing services. The records consist of completed license application forms. The data on these forms may include, but is not limited to, demographic information, personal information, educational data, and legal information.

Retention: Retain seventy-five (75) years.

#### **HL4.38 Nursing Board – Complaints/Disciplinary Actions**

The Board of Nurse Registration and Nursing Education of the Department of Health handles complaints about the job performances of nurses and takes disciplinary action when it is deemed appropriate in order to ensure the safety and well-being of patients per R.I. Gen. Laws § 5-34-24. According to this law, the Board has the power to deny, revoke, or suspend any license to practice nursing for such offenses including, but not limited to, fraud or deceit in procuring or attempting to procure a license to practice nursing, negligence, intemperance, addiction to habit-forming drugs, and other displays of unprofessional conduct. Per R.I. Gen. Laws § 5-34-25, two (2) or more members of the Board investigate charges upon the filing of a timely sworn complaint. If the investigators conclude that there is reasonable possibility that the applicant or licensee in question is guilty of the charges, the applicant or licensee is notified and the time and place for a hearing is set. If the accused is found guilty of the charges, the Board may revoke the license, suspend it, or otherwise discipline the licensee. The records in the series may include, but are not limited to, complaints, medical records, witness statements, investigations by other government agencies, and orders issued by the Board concerning revocation or suspension of licenses or dismissal of charges.

Retention: Retain ten (10) years after last complaint, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL4.39 Board of Medical Licensure and Discipline – Physician Licensing Records**

The Board of Medical Licensure and Discipline of the Department of Health oversees the licensing of physicians that wish to practice in Rhode Island per R.I. Gen. Laws § 5-37-1.3 and authorizes the Director of the Department of Health to license qualified applicants per R5-37-MD/DO. Licensing standards for healthcare providers are designed to promote public health in Rhode Island by ensuring that all licensees meet established benchmarks for quality and expertise. In order to be considered for licensing, physicians must provide proof of completion of graduate medical education, descriptions of any disciplinary actions taken by licensing boards in other States within the previous ten (10) years, descriptions of any criminal convictions for felonies in the previous ten (10) years, descriptions of any revocations or restrictions of hospital privileges for reasons related to competence or quality of patient care, all malpractice court judgments, all malpractice arbitration awards, settlements of malpractice claims, any specialty board certifications,

number of years of practice in any State, names of hospitals where physicians have admitting privileges, locations of primary practice settings, and information on any language translation services available at primary practice settings. Licensing is an ongoing process and information must be updated as needed. Licenses must also be periodically reviewed and renewed in order for physicians to continue practicing. The records in this series may include, but are not limited to, license application forms, copies of licenses issued (physicians keep the originals), copies of credentials (such as diplomas from medical schools and transcripts), and any associated correspondence.

Retention: Permanent.

#### **HL4.40 Board of Medical Licensure and Discipline – Physician Disciplinary Records**

The Board of Medical Licensure and Discipline of the Department of Health investigates complaints and charges of unprofessional conduct against licensed physicians and takes disciplinary action when it is deemed appropriate per R.I. Gen. Laws § 5-37-1.3. Further responsibilities of the Board in the area of physician discipline include, but are not limited to, issuing subpoenas, administering oaths, taking or causing to be taken any depositions needed, and summoning and examining witnesses in connection with any investigations, hearing, or disciplinary proceedings. The Board may also require a licensee to undergo a physical or psychiatric examination by a physician acceptable to the Board, from a list provided to the licensee by the Board, if probable cause exists to believe that allegations of misconduct against a licensee are caused by an impairment which has directly affected the ability of the licensee to conduct his or her practice professionally. Ultimately, the Board may direct suspend or revoke the licenses or registrations of those physicians found to have engaged in unprofessional conduct or impose lesser penalties. Examples of unprofessional conduct, per R.I. Gen. Laws § 5-37-5.1, may include, but are not limited to, fraudulent or deceptive procuring or use of a license or limited registration, advertising of medical business that is intended or has a tendency to deceive the public, conviction of a crime involving moral turpitude, conviction of a felony, conviction of a crime arising out of the practice of medicine, abandoning a patient, dependence upon controlled substances, habitual drunkenness, and rendering service to a patient while under the influence of alcohol or illicit drugs. The records in this series may include, but are not limited to, complaints, investigation records, testimony, associated work products, and records of any action taken.

Retention: Retain ten (10) years after last complaint, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL4.41 Board of Pharmacy – Initial License Application Records**

The Board of Pharmacy of the Environmental & Health Services Regulation Division has the authority to issue licenses for pharmacists. The Department of Health often utilizes the earliest of them to verify license information from original documents such as demographics, education, and place of employment. In earlier times, license information was recorded in logs and index card files. More recently, license application forms became standardized and each applicant had to fill out one of these forms. In addition to the license application information the records in this series may include, but are not limited to, transcripts, examination scores, verifications, Bureau of Criminal Identification criminal history checks, letters of reference, copies of birth certificates, proof of residency, and photographs.

Retention: Permanent.

#### **HL4.42 Board of Pharmacy – Investigations/Complaints**

The Board of Pharmacy of the Department of Health investigates complaints and charges of unprofessional conduct against pharmacists, pharmacist tech trainees-in-training, and pharmacist technicians. The Board gathers information related to the complaint and, if warranted, then holds hearings on what action, if any, is taken against the accused pharmacist per R.I. Gen. Laws § 5-19.1-5. Examples of unprofessional conduct may include, but are not limited to, dispensing prescription drugs without a prescription, negligence in filling prescriptions (such as dispensing the wrong medication), fraudulently filling prescriptions for one's own use, accepting previously dispensed medications for re-use, dispensing expired medications, failure to complete required continuing education credits, and falsifying reports of having completed those credits. The Board may also take action against pharmacists and those engaged in the other cited professions for actions outside the workplace, such as driving under the influence of alcohol or drugs, whether or not the controlled substances were obtained at the violator's place of employment. Actions the Board may take against a professional determined guilty of unprofessional conduct may include, but are not limited to, reprimand, probations, suspension of licenses, or revocation of licenses. The records in the series may include, but are not limited to, correspondence, criminal background check information, employer statements, pharmacy files with patient histories, witness statements, and photographs.

Retention: Retain ten (10) years after last complaint, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL4.43 Board of Examiners – Dentistry License Applications**

The Board of Examiners in Dentistry of the Department of Health licenses dentists and dental hygienists in the State of Rhode Island. This Board is appointed by the Governor and consists of dentists, dental hygienists, members of the public not associated with the dental field, and the chief of the office of public dental health per R.I. Gen. Laws § 5-31.1-2. Prior to appointing dentists to the Board, the Governor may submit a list of all candidates to the appropriate dental societies for comments regarding their qualifications. Once the Board is constituted, its members select a chair from the dentists within the group. The chair then appoints two (2) examining committees per R.I. Gen. Laws § 5-31.1-3. One (1) of these committees, consisting of dentists and members of the public, examines applicants applying for licensure as dentists. The committee then recommends to the full Board applicants who meet all the requirements for licensure. The Board then passes the recommendations on to the director of the department. The other committee consists of dentists, dental hygienists, and members of the public and performs the same functions for dental hygienists. The records in the series may include, but are not limited to, application files. The information on applicants in the files may include, but is not limited to, demographic information, personal data, evidence of educational attainment, legal information, and any other data needed to ensure that applicants meet the criteria for licensing.

Retention: Retain seventy-five (75) years.

#### **HL4.44 Board of Examiners – Dental Complaints/Disciplinary Actions**

The Board of Examiners in Dentistry of the Department of Health investigates complaints and charges of unprofessional conduct against dentists, dental hygienists, and dental assistants in order to ensure public safety. The Board gathers information related to the complaint and, if warranted, then holds hearings on what action, if any, is taken against the accused per R.I. Gen. Laws § 5-31.1-12. Examples of unprofessional conduct, as specified by R.I. Gen. Laws § 5-31.1-10, may include, but are not limited to, fraudulent or deceptive procuring or use of a license or limited registration, conviction of a crime arising out of the practice of dentistry or of dental hygiene, abandonment of a patient, willfully making and filing false reports or records in the practice of dentistry or dental hygiene, failure to furnish details of a patient's dental record to succeeding dentists, willful misrepresentation in treatments, gross and willful overcharging for professional services, or violating any

State or Federal law or Regulation relating to controlled substances. If a hearing takes place and a majority of the members of the Board vote in favor of finding the accused guilty of unprofessional conduct as specified in the charges, the Board then prepares written findings of fact in support of its conclusion per R.I. Gen. Laws § 5-31.1-16. When that happens, the Board transmits its findings, along with an order as to the sanction to be imposed, to the Director of the Department who issues orders for actions to be taken. If the Board finds the accused not guilty, an order dismissing the charges is issued. Per R.I. Gen. Laws § 5-31.1-17, those found guilty may be subject to reprimands, suspension of licenses, probation, payment of restitution, revocation of licenses, requirements to submit to counseling or other care, requirements to submit to training, fines, or any conditions or restrictions deemed appropriate by the Board. The records in this series may include, but are not limited to, complaint information, medical records, witness statements, investigations by other government agencies, and orders issued by the Board.

Retention:      Retain ten (10) years.

#### **HL4.45      Managed Care Regulation – Health Plans**

The Office of Managed Care Regulation has the responsibility for certifying health plans operated by health care entities per R.I. Gen. Laws § 23-17.13-3. The aforementioned law mandates oversight by the director and the Office of Managed Care Regulation has been designated for the responsibility. Entities that may operate health plans include, but are not limited to, insurance companies, hospitals, dentists, medical services, health maintenance organizations, and contractors that provide for the delivery of health care services to individuals. The records in the series may include, but are not limited to, applications for certification, quarterly reports, material modification applications, statements of deficiencies/plans of correction, correspondence, and billing information.

Retention:      Retain seven (7) years or until the health plan is no longer certified, plus three (3) years, whichever is later.

#### **HL4.46      Managed Care Regulation – Utilization Review Agent Files**

The Office of Managed Care Regulation reviews applications for certification to perform utilization review per R.I. Gen. Laws § 23-17.12-5. Utilization review is the process by which health insurance companies review requests for funding of medical treatments and is intended to determine whether or not a health plan covers particular treatments and to decide if recommended treatments are appropriate. It also considers the appropriateness of admissions to hospitals and the length of stay needed for certain treatments. The records in this series may include,

but are not limited to, applications for certification, quarterly reports, material modification applications, statements of deficiencies/plans of correction, correspondence, and billing information.

Retention: Retain seven (7) years or until utilization review agency is no longer certified, plus three (3) years, whichever is later.

#### **HL4.47 Managed Care Regulation – Surveys/Investigations**

The Office of Managed Care Regulation conducts surveys and investigations of health plan entities per R23-17.13-CHP (Rules and Regulations) and utilization review agencies per R23-17.13-UR (Rules and Regulations). These surveys and investigations are conducted to determine whether health plans and utilization review agencies that have been certified are in compliance with statutory and regulatory requirements. Based on the findings of these surveys and investigations, the Office may determine whether or not to issue deficiencies or fines, invoke probationary periods, or revoke licenses. In the case of deficiencies, entities may submit plans of correction and the Office will set timetables for compliance. The records in the series may include, but are not limited to, correspondence, sample case files, policies and procedures, meeting minutes, statements of deficiencies, plans of correction, and consent agreements.

Retention: Retain seven (7) years or until utilization review agency is no longer certified, plus three (3) years, whichever is later.

Note: R23-17.13-CHP and R23-17.13-UR were superseded by 216-RICR-40-10-21, which has since been repealed.

#### **HL4.48 Managed Care Regulation – Complaints**

The Office of Managed Care Regulation receives and reviews complaints against health plan entities per R23-17.13-CHP (Rules and Regulations) and utilization review agencies per R23-17.13-UR (Rules and Regulations). The Office determines whether or not each complaint warrants an investigation. When a complaint does warrant an investigation and/or survey, the Office carries it out as described in the Surveys/Investigations series. If the complaint is warranted, the Office decides on disciplinary action, again as described in the Surveys/Investigations series. The records in this series may include, but are not limited to, complaints, correspondence from complainants, health plans, records of utilization review agencies, and medical information.

Retention: Retain seven (7) years or until health care entity or utilization review agency is no longer certified, plus three (3) years, whichever is later.

Note: R23-17.13-CHP and R23-17.13-UR were superseded by 216-RICR-40-10-21, which has since been repealed.

#### **HL4.49 Drinking Water Quality – Public Pools and Spas – Approved Technical Plans and Specifications**

No one can legally maintain a public swimming pool or spa in the state of Rhode Island without a license per R.I. Gen. Laws § 23-22-6. The Department of Health issues those licenses. As part of the process of licensing, each potential licensee must provide the Department of Health with plans and specifications. The Department must provide written approval of these plans before construction of any pool can begin per 216-RICR-50-05-4. Plans may go through several drafts before being approved, but the department would only have the final versions. The records in this series may include, but are not limited to, approved technical design plans and specifications of public pool and spa facilities and associated correspondence.

Retention: Retain for the life of the facility.

#### **HL4.50 Drinking Water Quality – Public Pools and Spas – Facility Licensure and General Correspondence**

No one can legally maintain a public swimming pool or spa in the State of Rhode Island without a license from the Department of Health per R.I. Gen. Laws § 23-22-6. For some such facilities, licenses are year-round, but others are seasonal. Seasonal licenses take effect no sooner than June 1 of the year in which they are issued and they expire no later than September 30. Year-round licenses expire on December 31 of the year of issuance. Upon receipt of applications for licenses, the Department arranges for the pool or spa to be inspected and will issue a license if the facility complies with the provisions of R.I. Gen. Laws Chapter 23-22 and 216-RICR-50-05-4. Per R.I. Gen. Laws § 23-22-3, the first follow-up inspections of newly licensed pools or spas must occur within thirty (30) days of the issuance of the license. After that, inspections must continue at least once a year and may happen more often if questions arise about the maintenance of a specific facility. The records in the series may include, but are not limited to, documentation of design approvals, inspection records, records of compliance and enforcement actions, and correspondence. The Department has no copies of actual licenses, but the status of each license is noted in a database.

Retention: Retain for the life of the facility, plus three (3) years.

**HL4.51      Drinking Water Quality – Public Pools and Spas – Laboratory Results**

The Department of Health tests water in public swimming pools and spas to determine whether or not it meets water quality regulatory requirements per R.I. Gen. Laws § 23-22-4 and 216-RICR-50-05-4. Samples of water are analyzed in laboratories and the results are recorded. The records in this series include documentation of these results – laboratory analytical results and field measurements. The measurements may include, but are not limited to, coliform levels, HPC levels, pH levels, temperature, and levels of residual chlorine.

Retention:      Retain for the life of the facility.

**HL4.52      Drinking Water Quality – Bottled Water – Licensure Records and Correspondence**

No individual or corporation may manufacture or bottle for sale bottled water in Rhode Island without a license from the Department of Health per R.I. Gen. Laws §§ 21-23-1 and 46-13-2.1. These licenses must be renewed on an annual basis. The standards that licensees must meet are laid out in 216-RICR-50-05-1, which takes into account various factors including, but not limited to, standards of quality, sources of the water involved, treatment of product water, bottling facilities, and sanitation and maintenance. The records in this series may include, but are not limited to, the department's copies of the licenses, related correspondence, inspection records, analytical data, and various license documents relating to the quality of the water involved.

Retention:      Retain five (5) years.

**HL4.53      Drinking Water Quality – Bottled Water – Laboratory Results**

As part of the licensing process, the Department of Health tests bottled water manufactured for sale in Rhode Island to determine whether or not it meets regulatory requirements per 216-RICR-50-05-1. The laboratory results obtained determine in part whether licenses are issued to applicants and, once issued, whether or not they are revoked or suspended. The records in this series consist of analytical results from laboratories.

Retention:      Retain ten (10) years.

**HL4.54      Drinking Water Quality – Private Wells Contamination Site and Laboratory Records**

Within the Department of Health, the Office of Private Well Contamination is mandated to establish and maintain a database

showing known areas where there are contaminants of concern to public health and make these results available to the public through the website of the Department of Health per R.I. Gen. Laws § 23-1-5.3(7). The office must also coordinate the response of all State agencies to instances of private well water contamination, inform public officials of private well contamination events occurring within their jurisdictions and advise them of any actions proposed by the Department of Health or other State agencies, and advise private well owners, public officials and others on applicable Federal and State policies, Regulations, and standards relative to private well water contamination per R.I. Gen. Laws § 23-1-5.3. The office also has the responsibility of developing Regulations establishing procedures for providing emergency response to private well water contamination including the provision of bottled water and/or water filters where appropriate. Testing of water in private wells to determine whether or not water is potable must be carried out in a laboratory certified by the Department of Health per 216-RICR-50-05-2. The records in this series include any and all documentation of contamination of private well sites including, but not limited to, laboratory results and correspondence about contamination, ongoing monitoring, treatment, and analytical results of groundwater quality at the affected sites.

Retention: Retain ten (10) years or five (5) years after a testing result of “No Contamination Detected”, whichever is later.

**HL4.55 Drinking Water Quality – Private Well Sampler and Interpreter Licensure Records**

Within the Department of Health, the Office of Private Well Contamination licenses well samplers and interpreters. Samplers obtain samples of drinking water for laboratory analysis by following appropriate methods that may be found in the New England States’ Common Sample Collection & Preservation Manual for Drinking Water per 216-RICR-50-05-2. Interpreters, as their title suggests, interpret results of water quality analysis per the aforementioned regulation. Both of these jobs require specific training and credentials as laid out in that regulation and both have a major role to play in approving and/or rejecting private wells as sources of water for public consumption. The records in this series may include, but are not limited to, the Office’s copies of licenses for samplers and interpreters and any associated correspondence.

Retention: Retain three (3) years after license expires.

**HL4.56 Drinking Water Quality – Private Well Logs (Well Completion Reports)**

Within the Department of Health, the Office of Private Well Contamination receives well installation completion reports. Prior to July 1, 2013, these reports went to the Department of Environmental Management. A change in State law transferred this responsibility to the Department of Health at that time. The reports document construction, location, and ownership of private wells. They also contain information about the technology used in construction and operation, depth from land surface, use of well (whether business, industrial, public supply, farm, etc.), and distance from major landmarks including any buildings (including private family homes) on the property. The records in the series may include, but are not limited to, the reports and associated correspondence.

Retention: Retain one hundred (100) years.

#### **HL4.57      Drinking Water Quality – System Fluoridation Reports**

The Department of Health oversees the monitoring of community water systems mandated by 216-RICR-50-05-1.16. This monitoring is required to determine compliance with maximum contaminant levels (MCL's) for certain inorganic chemicals, including fluoride. The maximum acceptable levels are specified in the Regulation and public water systems that practice fluoridation must monitor the levels. The records in this series include monthly fluoride reports and any associated documentation.

Retention: Retain three (3) years.

#### **HL4.58      Drinking Water Quality – Emergency Response Plans**

§ 1413 of the Federal Safe Drinking Water Act (Title XIV of the Public Health Service Act) mandates that each State adopt and demonstrate the ability to implement an adequate plan for the provision of safe drinking water under emergency circumstances such as earthquakes, floods, hurricanes, and other natural disasters. The records in the series may include, but are not limited to, emergency response plans and any related documents.

Retention: Retain until superseded.

#### **HL4.59      Drinking Water Quality – Infrastructure Replacement Plans**

All government entities in Rhode Island that obtain, transport, purchase, or sell more than fifty million (50,000,000) gallons of water per year must create and execute an infrastructure replacement plan in order to ensure the quality and safety of public drinking water per R.I. Gen. Laws Chapter 46-15.6. The law also established a funding mechanism to ensure that the plans are carried out. The records in this series may include, but are not limited to, the actual infrastructure replacement

plans, review letters, other correspondence, approvals of the plans, and comments on the plans. The plans may include, but are not limited to, facilities descriptions, descriptions of previous replacements and refurbishments, expenditure plans, and revenue requirements.

Retention: Retain ten (10) years.

Note: The law requires updating the plans every five (5) years and a ten (10) year retention ensures that the current and immediate previous plans are retained.

#### **HL4.60 Drinking Water Quality – Certified Operator Licensure Records**

The Board of Certification of Operators of Public Water Supply Facilities has the authority to direct the Department of Health to issue certificates to duly qualified applicants for positions as operators of these facilities per R.I. Gen. Laws § 23-65-3. The same law authorizes the board to investigate complaints and charges of unprofessional conduct against any certified operator and to order the director of health to revoke the license, suspend the license, or implement other disciplinary action with respect to person issued such certifications. This is intended to ensure that people who work as treatment or distribution operators at public water systems are properly licensed. The records in this series may include, but are not limited to, exam applications, test results, copies of licenses, renewal applications, complaints, disciplinary action records, and related correspondence.

Retention: Retain twelve (12) years after license is no longer active.

#### **HL4.61 Drinking Water Quality – Water System Licensure**

No one is permitted to operate or maintain a public water system in Rhode Island unless the system is licensed by the Director of the Department of Health per R.I. Gen. Laws § 46-13-2.1. 216-RICR-50-05-1.3 clarifies the situation in more detail by describing the requirements to obtain such licenses. Applications for new community or non-transient non-community public water systems must include management plans that demonstrate the financial, managerial, and technical capacity to comply with statutory and regulatory requirements. The department's director has the authority to suspend or revoke such licenses and the licenses must be renewed on an annual basis. The records in the series may include, but are not limited to, copies of licenses, renewal applications, complaints, records of disciplinary actions, and related correspondence.

Retention: Retain three (3) years.

**HL4.62      Drinking Water Quality – Approved Technical Plans and Specifications**

No public water supply system may be constructed or substantially altered until the plans and specifications for the system have been approved by the Director of the Department of Health per R.I. Gen. Laws § 46-13-4. For facilities that produce bottled water, R.I. Gen. Laws § 21-23-4 authorizes the State to apply similar regulations before approval. All such plans and specifications must be prepared by an engineer registered in the State of Rhode Island. They must then be approved before any construction or alteration can take place. The records in this series may include, but are not limited to, approved technical design plans and specifications for public drinking water facilities, source site plans, and variance decisions.

Retention:      Retain for the life of the facility.

**HL4.63      Drinking Water Quality – Water Supply System Management Plans**

Any government or private entities involved in the supply, transmission, and/or distribution of drinking water must prepare, maintain, and carry out water supply system management plans per R.I. Gen. Laws § 46-15.3-5.1. More specifically, this requirement applies to all municipalities, municipal departments, agencies, districts, authorities, or other entities engaged in or authorized to engage in the supply, treatment, transmission, or distribution of drinking water on a wholesale or retail basis, provided that they obtain, transport, purchase, or sell more than fifty million (50,000,000) gallons of water per year. The plans must include statements of the goals that the plan is designed to achieve for several items including, but not limited to, water resource protection, demand management (including goals as appropriate for managing peak and seasonal use of water), supply development (with consideration of source water availability), and system management (including system safety and reliability, infrastructure maintenance, repair, and reduction of leakage). The plans must also include descriptions of the water systems covered (including sources of water, service areas, and profiles of present and anticipated future users). The referenced law goes on to describe other requirements for the plans in great detail and it also mandates that plans be updated every five (5) years. The records in this series may include, but are not limited to, the actual plans, review letters, comments, approvals, and other associated correspondence.

Retention:      Retain ten (10) years (to accommodate the existing and immediate previous plan).

**HL4.64      Drinking Water Quality – Records of Compliance with the Lead Contamination Control Act and Lead Ban**

Municipalities in Rhode Island (as in other States) are required to conform to the Federal Lead Contamination Control Act of 1988 (Pub. L. No. 100-572) and the lead ban included in the Safe Drinking Water Act of 1974 (Pub. L. No. 93-253 § 1417). In Rhode Island, such compliance is monitored by the Department of Health. The former act authorized the Centers for Disease Control and Prevention (CDC) to initiate program efforts to eliminate childhood lead poisoning in the United States and this led to the creation of the Childhood Lead Poisoning Prevention Program. The most significant function of this program for the purpose of State and local health departments is to provide funding for those entities to determine the extent of childhood lead poisoning by screening children for elevated blood lead levels, helping to ensure that lead-poisoned infants and children receive medical and environmental follow-up, and developing neighborhood-based efforts to prevent childhood lead poisoning. Pub. L. No. 93-253 § 1417 of the latter act prohibited the use of lead pipes, solder, and flux in any public water system. State health departments collaborate with the EPA to ensure that these standards are met. Rhode Island's Department of Health oversees the implementation of both laws in Rhode Island and monitors compliance with them. The records in this series may include, but are not limited to, reports documenting compliance with these laws by cities and towns in Rhode Island, monitoring data, and related correspondence.

**HL4.64A        Records of School Facilities**

Retention:        Retain ten (10) years or for the life of the school facility, plus fifteen (15) years, whichever is longer.

**HL4.64B        All Other Records**

Retention:        Retain ten (10) years.

**HL4.65        Drinking Water Quality – Safe Drinking Water Act Primacy and Primacy Revision Records**

The Federal Safe Drinking Water Act of 1974 (Pub. L. No. 93-253) includes a provision that that United States Environmental Protection Agency (EPA) must establish and enforce standards that public drinking water systems must adhere to. States and Native American tribes receive primacy (primary responsibility for water systems within their jurisdiction) if they meet requirements specified by 40 C.F.R. Part 142. These requirements include adopting drinking water Regulations which are no less stringent than the national primary drinking water Regulations specified by 40 C.F.R. Part 141. States and tribes must also adopt and implement procedures for the enforcement of such State Regulations as maintenance of an inventory of public water systems, a

systematic program for conducting sanitary surveys of these water systems, and other items specified by 40 C.F.R. Part 142. The records in this series may include, but are not limited to, primacy applications, applications for primacy revision, and any related guidance or correspondence.

Retention: Retain until superseded.

#### **HL4.66 Drinking Water Quality – Sample Submission Forms**

When water samples are submitted to the Department of Health for analysis, they are accompanied by forms that note where each sample came from and what it should be analyzed for. The information on the form is logged into the computer when the bottle containing the sample is received at the testing facility. The records in this series include these forms and any associated documentation.

Retention: Retain three (3) years.

#### **HL4.67 Drinking Water Quality – Water System Individual Files**

The Director of the Department of Health is authorized by R.I. Gen. Laws § 46-13-3 to determine by means of laboratory tests, field tests, sanitary surveys, investigations of purification works, examinations of the distribution systems, or by other means, whether water supplied through a public water supply system is safe and potable for human consumption. To that end, the Department maintains records of individual public water systems. The records in this series may include, but are not limited to, state level approvals, records of enforcement actions, compliance reports, inspection reports, inventories, and associated correspondence. Results of analyses of water samples are maintained separately.

Retention: Retain forty (40) years or for the life of the public water system, plus three (3) years, whichever is longer.

#### **HL4.68 Drinking Water Quality – Public Water System Analytical Data (Short Term)**

Drinking water samples from public water systems must periodically be analyzed to assure drinking water quality per R.I. Gen. Laws § 46-13-3. Some of these tests check for short-term issues for the water systems. The problems checked for in these cases may include, but are not limited to, coliform, E coli, HPC (heterotrophic plate count), turbidity, disinfectant residual, temperature, pH (acidity or basicity), and monthly disinfectant contact time. The records in this series consist of the data compiled from the analyses.

Retention: Retain three (3) years.

**HL4.69      Drinking Water Quality – Public Water System Analytical Data  
(Long Term)**

Drinking water samples from public water systems must periodically be analyzed to assure drinking water quality per R.I. Gen. Laws § 46-13-3. Some of these tests check for long-term issues for the water systems. The problems checked for in these cases may include, but are not limited to, inorganics, lead, copper, volatile organic compounds, volatile inorganic compounds, and radionuclides. The records in this series consist of the data compiled from the analyses.

Retention: Retain twelve (12) years.

**HL5            Public Health Information**

**HL5.1        Vital Records – Birth Records**

The State Office of Vital Records in the Public Health Information Division is responsible for the legal recording of all births and the collection of public health data regarding live births in the State of Rhode Island. Certificates, once completed, serve as prima facie evidence of the birth and provide medical and demographic data regarding births to support local, State, and Federal public health programs. A certificate of birth for each live birth that occurs in Rhode Island must be filed with the State Registrar of Vital Records within four (4) days of the birth per R.I. Gen. Laws § 23-3-10. Live births are defined by R.I. Gen. Laws § 23-3-1(13). This certificate serves as an individual's official record of date and time of birth, place of birth, name, sex, name of parent(s), mother's maiden name, mother's place of residence, and the name of the person assisting the birth (attending physician, nurse midwife, or other). The types of information included on these certificates have varied through time. They may also include, but are not limited to, parents' occupations, parents' race(s), parents' birthplace(s), the number of babies the mother had previously given birth to, and whether or not the birth was part of a multiple birth. Aside from the actual certificates, the records may include, but are not limited to, delayed record filings (provisions explained in R.I. Gen. Laws §§ 23-3-12 and 23-3-13), supporting documentation for the delayed filings, pediatrician sections of birth certificates (for documenting abnormal conditions and congenital abnormalities of newborns), medical worksheets for birth certificates (medical risk factors, obstetrical procedures, method of delivery, and complications of labor and/or delivery), birth worksheets (for birth certificates filed with affidavits for paternity for hospital-based paternity programs) and indexes.

Retention: Permanent.

Note: Birth records are transferred to the State Archives after one hundred (100) years per R.I. Gen. Laws § 23-3-5.1.

## **HL5.2        Vital Records – Licenses and Certificates of Marriage**

The State Office of Vital Records in the Public Health Information Division is responsible for the legal recording of all marriage certificates that are issued in Rhode Island and all marriages that occur within the State's boundaries. Individuals wishing to marry in Rhode Island must apply for a license at a City or Town Clerk's Office. Once licenses are obtained, couples must marry within three (3) months or the license will no longer be considered valid and they will have to obtain another one. Unused licenses are destroyed if returned after three (3) months. The license may be obtained from the clerk of the town or city in which either party to the proposed marriage resides. If neither party resides in Rhode Island, the license must be obtained from the city or town in which the ceremony will take place. If either party has been previously married, he or she must present proof of the death of the previous spouse or divorce from the previous spouse. If either party was previously in a civil union or any other legally recognized union with a person other than the party he or she intends to marry, he or she must present evidence of the dissolution of the previous union or the death of the other party. This is also addressed in 216-RICR-10-10-1 (Rules and Regulations Governing Vital Records). The records in the series may include, but are not limited to, marriage certificates, delayed marriage certificate filings, marriage license worksheets, and indexes. (R.I. Gen. Laws §§ 15-2-1, 23-3-5.1, and 216-RICR-10-10-1)

Note: Marriage records are transferred to the State Archives after one hundred (100) years per R.I. Gen. Laws § 23-3-5.1. The worksheets (HL5.2A (Marriage License Worksheets)) were once retained separately but have been kept with HL5.2B (All Other Records) since 2022 and are attached to the RIVRS record.

### **HL5.2A        Marriage License Worksheets**

Retention:        Permanent.

### **HL5.2B        All Other Records**

Retention:        Permanent.

## **HL5.3        Vital Records – Licenses and Certificates of Civil Unions**

From July 1, 2011 until August 1, 2013, the State of Rhode Island sanctioned civil unions between two (2) individuals of the same sex per R.I. Gen. Laws § 15-3.1-1. The State Office of Vital Records in the

Public Health Information Division was responsible for the legal recording of all civil union certificates issued in Rhode Island during that time and all civil unions that occurred within the State's boundaries. During that time, same-sex couples could not marry in Rhode Island and civil unions served as an alternative from the time of their enactment (which took effect July 1, 2011) until they were supplanted by a law allowing the marriage of these couples (which took effect August 1, 2013). Individuals wishing to enter into a civil union in Rhode Island could apply for a license at a city or town clerk's office in which one (1) of the parties to the civil union resided or, if neither was a Rhode Island resident, the city or town in which the ceremony was to be performed. Once licenses were obtained, as with marriages, couples had to solemnize the civil union within three (3) months or the license was no longer considered valid and they had to obtain another one. Unused licenses were destroyed if returned after three (3) months. If either party had been previously married or in a civil union, he or she had to present proof of the death of the previous spouse or partner, divorce from the previous spouse or partner, or dissolution of the previous civil union. Effective August 1, 2013, any two (2) individuals who were parties to an existing civil union could choose to merge the union into a marriage per R.I. Gen. Laws § 15-3.1-12. They had two (2) methods of doing this. One option was to have their civil union legally designated and recorded as a marriage without any additional requirements of payment of licensing fees or solemnization. This action had to be taken in the town in which the civil union was recorded. The second option was to apply for a marriage license and solemnize a marriage, whereupon the existing civil union would be merged into a marriage. Couples in civil unions also have the option to leave their union intact without merging it into a marriage. The records in this series may include, but are not limited to, civil union certificates, delayed civil union filings, civil union license applications/worksheets, applications for designation of civil unions as marriages, merger request records, and indexes. (R.I. Gen. Laws §§ 15-3.1-1 and 15-3.1.12)

Note: Civil union records should be transferred to the State Archives after one hundred (100) years as R.I. Gen. Laws § 23-3-5.1 specifies for marriage records. Within marriage records the worksheets (HL5.3A (Civil Union License Worksheets)) were once retained separately but have been kept with HL5.3B (All Other Records) since 2022. Civil unions became obsolete in 2013 when they were supplanted by the law allowing marriages of same-sex couples in Rhode Island, but any remaining marriage license worksheets must be retained permanently.

**HL5.3A Civil Union License Worksheets**

Retention: Permanent.

**HL5.3B All Other Records**

Retention: Permanent.

**HL5.4 Vital Records – Death Records (Other than Fetal Deaths)**

The State Office of Vital Records in the Public Health Information Division is responsible for the legal recording of all deaths and the collection of public health data regarding the deaths that occur within the boundaries of the State of Rhode Island. Certificates, once completed, serve as prima facie evidence of the deaths and also provide medical and demographic data regarding the deaths to support local, State, and Federal public health programs. A death certificate for each death which occurs in this State must be filed with the State Registrar of Vital Records or as otherwise directed by the State Registrar within seven (7) calendar days after death per R.I. Gen. Laws § 23-3-16. Death certificates are also filed with the Local Registrar of the city or town in which the death occurred and the city or town where the decedent last resided. If the place of death is unknown, the certificate is filed with the Local Registrar of the city or town in which the dead body was found. In the case of a death that occurs in a moving conveyance, the certificate is filed with the Local Registrar in the city or town in which the body was first removed from the conveyance per 216-RICR-10-10-1 (Rules and Regulations Governing Vital Records). The Funeral Director, his or her duly authorized agent, or the person acting as such, who first assumes custody of a dead body, must file the certificate of death after completing the certificate. The records in the series may include, but are not limited to, death certificates, presumptive death certificates (death certificates for people declared legally dead by court orders), delayed death certificate filings, burial transmit permits, disinterment re-interment permits, cremation certificates, and indexes.

Retention: Permanent.

Note: Death records are transferred to the State Archives after fifty (50) years. (R.I. Gen. Laws § 23-3-5.1)

**HL5.5 Vital Records – Fetal Death Records**

The State Office of Vital Records in the Public Health Information Division is responsible for the legal recording of all fetal deaths that occur within the boundaries of the State of Rhode Island. Certificates, once completed, serve as prima facie evidence of the fetal deaths and also provide medical and demographic data regarding fetal deaths to support local, State, and Federal public health programs. A fetal death certificate for each fetal death which occurs in this State after a gestation

period of twenty (20) completed weeks or more shall be filed with the State Registrar of Vital Records or as otherwise directed by the State Registrar within seven (7) calendar days after the delivery. If the place of fetal death is unknown, a fetal death certificate must be filed with the State Registrar of Vital Records or as otherwise directed by the State Registrar within seven (7) calendar days after the occurrence. If a fetal death occurs on a moving conveyance, a fetal death certificate must be filed with the State Registrar of Vital Records or as otherwise directed by the State Registrar. All other fetal deaths, irrespective of the number of weeks of uterogestation, must be reported directly to the State Department of Health within seven (7) calendar days after delivery. The records in this series may include, but are not limited to, death certificates of fetuses, certificates of birth resulting in stillbirth, and indexes. (R.I. Gen. Laws § 23-3-17)

Retention: Permanent.

Note: Fetal death records are transferred to the State Archives after fifty (50) years. (R.I. Gen. Laws § 23-3-5.1)

#### **HL5.6 Vital Records – Divorce and Dissolution Reports**

Until 2011, the Rhode Island Family Court provided the Office of Vital Records in the Public Health Information Division with a copy of the report of each divorce granted in the State of Rhode Island per R.I. Gen. Laws § 23-3-20. In 2011, the Court ceased to provide the Office these copies and began giving only total monthly counts of divorces granted in the State. This change came about because the National Center of Health Statistics (a unit of Centers for Disease Control and Prevention within the U.S. Department of Health and Human Services) ceased collecting the statistical data on individual divorce case reports in 1995 and began requiring only a monthly count of the total number of divorces granted. From July 1, 2011 until August 1, 2013, the State of Rhode Island sanctioned civil unions between two (2) individuals of the same sex per R.I. Gen. Laws § 15-3.1-1. During this time frame, these civil unions could also be dissolved and these dissolutions were treated the same as divorces. The civil unions law was supplanted by a law that allowed marriages between same-sex couples as of August 1, 2013. Although no further civil unions have occurred in Rhode Island since the passage of the new marriage law, existing civil unions can still be dissolved in a manner very similar to divorce. The records in this series may include, but are not limited to, reports of divorces and dissolutions of civil unions from the Rhode Island Family Court. These reports may include, but are not limited to, the names of the spouses/civil union partners, the date of the divorce or dissolution, and the reason for the divorce or dissolution.

Retention:      Retain three (3) years after annual report completed.

Note:              The Rhode Island Family Court retains the record copies of all divorces and dissolutions that occur in the State of Rhode Island.

#### **HL5.7              Vital Records – Amendments, Authorizations, and Corrections Control Documents**

At times, evidentiary documentation is presented to the Office of Vital Records in the Public Health Information Division that supports corrections to original vital records, including birth, death, marriage, civil union, and fetal death certificates. Per R.I. Gen. Laws § 23-3-21, such certificates (with two (2) specific exceptions), when corrected, are marked “Amended” and the date of amendment and a summary description of the evidence submitted in support of the amendment is endorsed on or made a part of the record. The exceptions to this include minor corrections or additions to a birth record per R.I. Gen. Laws § 23-3-21(b) and upon a request and receipt of a sworn acknowledgement of paternity per R.I. Gen. Laws § 23-3-21(d). Records in this series may include, but are not limited to, affidavits signed by parents, affidavits signed by persons authorized to request a correction to a vital record and copies of original documents presented to support the correction to vital record. Documents that can be accepted to amend vital records may include, but are not limited to, certified doctor statements, pediatrician statements, baptismal records, other religious documents, original birth certificates for correction of names, and court orders. The documents presented as evidence are simply viewed by the staff and returned to the presenter. They are not turned over to the Office of Vital Records. The evidence is not listed or shown on the record unless it is a court ordered legal name change. The evidence is only attached in the case of a delayed certificate and even with those, original documentation is copied and a note that the staff saw the original is given along with the date. The only original documents retained by the Office are signed affidavits.

Retention:      Permanent.

Note:              Amendments to birth, marriage, and death records are transferred to the State Archives after one hundred (100) years per R.I. Gen. Laws § 23-3-5.1. Amendments to death records are not maintained separately from other vital record amendments and therefore cannot be transferred to the State Archives until the minimum time for births has elapsed.

#### **HL5.8              Vital Records – Out of State Vital Records**

The State Office of Vital Records in the Public Health Information Division receives reports of deaths of Rhode Island residents that occur in other U.S. States, Territories, foreign countries, or special jurisdictions (such as the District of Columbia). The Office may also receive such reports for people born in Rhode Island that are no longer residents of the State. In addition, it receives reports of births and/or fetal deaths that occur to Rhode Island residents who are traveling or temporarily residing out-of-State when the birth occurs. The records in the series may include, but are not limited to, copies of birth, death and fetal death records for Rhode Island residents, or death records for persons born in Rhode Island that are sent by the State, Territory, or special jurisdiction of the United States in which the event occurred.

Retention: Permanent.

#### **HL5.9 Vital Records – Induced Termination of Pregnancy Reports**

The State Office of Vital Records in the Public Health Information Division collects and maintains data regarding induced terminations of pregnancy, which assists in analyzing such data on pregnancy outcomes both locally and nationally. The records in this series may include, but are not limited to, demographic and medical data related to the event, such as the age, race, and/or ethnicity of the parents and any medical conditions of the mother, whether or not the condition led to the termination of the pregnancy.

Retention: Permanent.

Note: These records are maintained permanently at the Office of Vital Records and are not transferred to the State Archives.

#### **HL5.10 Vital Records – Records Requests**

The State Office of Vital Records in the Public Health Information Division fulfills requests for copies of certificates of birth, marriage, civil union, death, and fetal death for those persons who are legally entitled to obtain copies per R.I. Gen. Laws § 23-3-23. The office charges fees for these copies per R.I. Gen. Laws § 23-3-25 and maintains records of the requests. The records in the series may include, but are not limited to, requests for records received in person, electronically and through the mail. Information on the request includes, but is not limited to, the signature of the requestor, proof of identity of the requestor, such as a valid government issued ID and a statement of the relationship of the requestor to the person(s) identified in the record requested.

Retention: Retain ten (10) years or one (1) year after audit, whichever is later.

#### **HL5.11      Vital Records – Sealed Birth Records**

The State Office of Vital Records in the Public Health Information Division seals original birth records for the purposes of adoption, paternity, and/or legitimization when a new certificate of birth is created for any of those reasons per R.I. Gen. Laws § 23-3-15. Once the new certificate of birth is created, it replaces the original one in the files and the original one is sealed. Once sealed, the record may only be opened by a court order or by the affected adoptee once he or she reaches a specified age per R.I. Gen. Laws § 23-3-15. Biological parents may authorize a contact preference form upon adoption per R.I. Gen. Laws § 23-3-15. The records in the series may include, but are not limited to, original birth records, court reports of adoptions, court ordered affidavits of paternity, voluntary affidavits of paternity, and voluntary affidavits of legitimization.

Retention:      Permanent.

Note:              These records are maintained permanently at the Office of Vital Records and are not transferred to the State Archives.

#### **HL5.12      Center for Health and Data Analysis – Pregnancy Risk Assessment Monitoring System (PRAMS) Surveys**

The State of Rhode Island participates in a Federal survey initiative to reduce infant mortality and low birth weight. This program is the Pregnancy Risk Assessment Monitoring System (PRAMS), an ongoing, State-specific population-based surveillance system that is designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy among stratified samples of mothers who have recently given birth to live infants. The Center for Health and Data Analysis of the Public Health Information Division maintains this data for the State and documents its participation. The surveys contain a core set of questions given to all of the participating states and a second set of questions that are specific to Rhode Island. The questions address issues such as attitudes about pregnancy, prenatal care, nutrition, psychosocial support, alcohol use, tobacco use, early development of infants, and quality of health insurance coverage. Most, but not all, of the questions are simple yes/no questions. The data are analyzed to identify issues in pregnancy and are used to monitor and improve the health of pregnant women and their babies. The records in the series may include, but are not limited to, survey booklets and data compilations.

#### **HL5.12A      Survey Questionnaires**

Retention: Retain three (3) years or until data has been compiled, whichever is later.

#### **HL5.12B Data Compilations**

Retention: Retain fifty (50) years.

#### **HL5.13 Center for Health Data and Analysis – Behavioral Risk Factor Surveillance System (BRFSS) Records**

The Rhode Island Department of Health's Center for Health Data and Analysis conducts a cross-sectional telephone survey termed the Behavioral Risk Factor Surveillance System (BRFSS). The Center receives technical and methodological assistance from the Centers for Disease Control and Prevention. The latter centers are under the auspices of the U.S. Department of Health and Human Services and their Director is charged under 42 U.S.C. § 247 with assisting with the improvement of data linkages between State and local health departments and between State health departments and the centers. The Center for Health Data and Analysis conducts monthly telephone surveys using a standardized questionnaire to determine the extent of risky behaviors and health practices among non-institutionalized adults. Participation in these surveys is limited to one (1) adult per household. The data compiled in these surveys may be used to identify emerging health issues and also to establish and track health objectives. It may also be used to develop, implement, and evaluate disease prevention activities and to support health-related legislative efforts. The records in the series may include, but are not limited to, data about health risk behaviors, clinical preventive practices, and health care access and use (primarily related to chronic disease and injury). The records exist in such formats as data codebooks, Statistical Analysis System (SAS) format files, and SAS datasets. Per R.I. Gen. Laws § 5-37.3-4, the data collected are confidential as nothing identifies responders and the data reports only cite aggregate figures.

Retention: Retain thirty (30) years.

#### **HL5.14 Center for Health Data and Analysis – KIDSNET Data**

The Rhode Island Department of Health's Center for Health Data and Analysis collects preventive health care information on children in the State and shares it with authorized users to monitor the preventive care the children receive and to ensure that they get appropriate follow-up treatment when needed. In 1997, KIDSNET (the program established to maintain such data) began collecting this data on all children born in Rhode Island and it also collects information on children born out of State who see doctors in Rhode Island – whether or not they are

residents. The data are referenced by the Department to coordinate care, make informed policy decisions, administer the program, improve quality of care, examine epidemiological trends, and contribute to research approved by the Institutional Review Board. The records in this series may include, but are not limited to, immunization records, various types of screening records, and other records of preventive examinations and treatments. The reporting of immunization status for residents under the age of eighteen (18) is mandated by R.I. Gen. Laws § 23-1-18(10). The Individuals with Disabilities Education Act of 1990 (IDEA, Pub. L. No. 101-476) and subsequent amendments to that act (Pub. L. No. 102-119) enacted in 1991 require participating States to coordinate the range of services and funding they provide for early intervention services to infants and toddlers with disabilities from birth through two (2) years of age. R.I. Gen. Laws § 23-13-22 extends that to age three (3) for the State of Rhode Island and while the law designates the Director of the Department of Human Services as the one primarily responsible for ensuring the enrollment of these children in early intervention services, the Department of Health does collect data on them. Per R.I. Gen. Laws § 23-13-14, all physicians attending newborn children must arrange for the children to undergo newborn screening tests for metabolic, endocrine, and hemoglobinopathy disorders, and other conditions for which there is a medical benefit to the early detection and treatment of the disorder. Assessments for developmental risk are also mandated by this law, although the provisions may be waived for children of parents who object to the tests based on their religious beliefs and tenets.

#### **HL5.14A      Data Sheets**

Retention:      Retain data entry sheets three (3) years or until quality assurance checks have been completed.

Note:            The data sheets are copies obtained from healthcare providers, whether public or private, for the sole purpose of extracting needed data.

#### **HL5.14B      Immunization Records**

Retention:      Retain one hundred (100) years.

#### **HL5.14C      All Other Records**

Retention:      Retain twenty-five (25) years.

### **HL5.15      Center for Health Data and Analysis – Birth Defects Surveillance and Information System Records**

The Rhode Island Department of Health's Center for Health Data and Analysis maintains a surveillance and information system for birth defects per R.I. Gen. Laws Chapter 23-13.3. This law mandates that the director of the Department of Health provide for the collection of information concerning birth defects among newborns and children up to age five (5) in Rhode Island. Birth defects that are included may be detected anytime from twenty (20) weeks gestation prior to birth until the age of five (5) and healthcare providers are required to report them to the Department. The data obtained are used to analyze trends over time of the occurrence of various defects, to identify at-risk segments of the population, to identify at-risk geographic areas, and to ensure that children receive appropriate care on a timely basis. The data can also be used to evaluate intervention strategies. Data books are compiled on a biennial basis. The records in this series may include, but are not limited to, biennial data books, records of diagnoses of birth defects, data on infant characteristics, data on maternal characteristics, and other clinical information.

**HL5.15A      Biennial Data Books**

Retention:      Permanent.

**HL5.15B      All Other Records**

Retention:      Retain thirty (30) years.

**HL5.16      Center for Health Data and Analysis – Youth Risk Behavior Survey**

The Rhode Island Department of Health's Center for Health Data and Analysis acquires and maintains data on behavior by youth that is threatening to their health, both immediate and long term. The types of behaviors considered fall into the following seven (7) categories: depression and violence (physical fighting, date violence, rape victimization, feelings of depression, contemplating suicide, attempting suicide), tobacco usage (currently smoking, heavy smoking, other types of tobacco use), alcohol usage (currently drinking, early drinking, binge drinking, drinking and driving), drug abuse (marijuana use, cocaine use, abuse of prescription drugs), obesity and risk factors for obesity (actual obesity, lack of exercise, limited intake of fruits and vegetables), sexual activity (whether sexually active or not, multiple partners, unprotected sex), and vehicular safety (drinking and driving, biking without a helmet, riding without a seatbelt). These compilations comprise the Youth Risk Behavior Survey, which is conducted in cooperation with the Federal Centers for Disease Control and Prevention. The centers maintain copies of the data compiled, which includes only demographic information, no personal data on any specific individuals. The records may include, but are not limited to, data on all of the risk factors cited.

Retention: Retain thirty (30) years.

#### **HL5.17 Center for Health Data and Analysis – Toddler Wellness Overview**

The Rhode Island Department of Health's Center for Health Data and Analysis follows up after two (2) years with women who participate in the Pregnancy Risk Assessment Monitoring System (PRAMS, HL5.12 (Center for Health and Data Analysis – Pregnancy Risk Assessment Monitoring System (PRAMS) Surveys)) surveys. Each month, approximately one hundred (100) women who responded to the PRAMS surveys receive questionnaires referred to as the Toddler Wellness Overview Survey (TWOS). The questionnaires are sent when the mothers' babies reach the age of two (2) and are designed to acquire information about the health status and well-being of two (2) year-olds and their families. Data from surveys returned to the Center are entered into a database and the data are linked to PRAMS to provide comparative information, weighed to be representative of the population and analyzed for trends. The items covered by the data may include, but are not limited to, toddler development, nutrition, health status, safety, maternal depression, and family planning.

Retention: Retain thirty (30) years.

#### **HL6 Medical Examiner**

##### **HL6.1 Autopsy Case Files**

The Office of State Medical Examiners accepts jurisdiction for investigations of deaths that occur in Rhode Island under a wide variety of conditions per R.I. Gen. Laws § 23-4-4. These records document those investigations. The conditions under which the office accepts jurisdiction include accidents, suicides, homicides, suspicions of drug overdose, any suspicious deaths, deaths that are sudden and would not ordinarily have been expected, deaths that appear to be natural but have a significant amount of blood at the scene, and deaths that may be due to an infectious agent capable of spreading an epidemic within the State. The office will also accept responsibility if the decedent does not have a doctor or cannot be identified due to decomposition, lack of a photo ID, or is unidentified for any other reason. In all of these cases the office conducts or arranges for autopsies and prepares reports. The records in this series may include, but are not limited to, narrative reports of all findings, histology finding summaries, diagrams, results of ancillary testing, consultative reports, DNA specimens (such as dried blood patches), police/law enforcement reports, hospital records, treating physician records, photographs, and correspondence. The narrative reports form the core of the series. The information each one contains may include, but is not limited to, the date, place, and time of the

examination, name of the deceased (if known), case number, descriptions of external and internal examinations with a separate section for injuries, a list of diagnoses, an opinion as to the cause and manner of death, and the name and title of the examining forensic pathologist.

Retention: Permanent.

## **HL6.2 Cremation Authorization Files**

The Office of State Medical Examiners is responsible for issuing authorizations for all cremations that occur in Rhode Island. No funeral establishment may cremate human remains without authorization from the Office per R.I. Gen. Laws § 23-3-18. Requesting Funeral Directors must submit completed cremation certificates along with copies of death certificates. The records in this series may include, but are not limited to, completed cremation authorization certificates, copies of death certificates and (for out-of-state deaths) cremation authorizations from the State or Territory's Medical Examiner (if required by that State's laws).

Retention: Permanent.

## **HL6.3 Histology Specimens**

The Office of State Medical Examiners accepts jurisdiction for investigations of deaths that occur in Rhode Island under a wide variety of conditions per R.I. Gen. Laws § 23-4-4. The conditions are explained under HL6.1 (Autopsy Case Files). Histology specimens are obtained during some autopsies and/or death investigations. The specimens are examined as part of the process of determining the cause of death. The specimens are preserved on paraffin blocks and glass slides. For deaths that result in litigation, attorneys and expert witnesses routinely review original glass slides and request additional "re-cut" slides (cut from paraffin block). The Rhode Island Medical Examiner must have accreditation from the National Association of Medical Examiners (NAME) per Pub. Laws 05-169 and Pub. Laws 05-122 for the State of Rhode Island. This Association's Forensic Autopsy Performance Standards (approved in 2005, expiring in October 2015) mandates the performance of histological examinations in cases with no gross anatomic cause of death unless the remains are skeletonized (§ G27.1). The records in this series may include, but are not limited to, paraffin blocks and glass slides containing specimens. Each case may include up to thirty (30) blocks and slides. The paraffin blocks are stored in specialized metal file drawers and as space is needed, the oldest blocks are transferred to plastic containers. The glass slides are stored in specialized file drawers also.

Retention: Permanent.

#### **HL6.4 Case Management Files**

The Office of State Medical Examiners compiles a record of all deaths reported to the Office. Upon receiving these reports, the Office waives jurisdiction or accepts it per R.I. Gen. Laws § 23-4-3. The conditions for acceptance of jurisdiction are outlined in the description of HL6.1 (Autopsy Case Files). A report is prepared on all deaths and the Office submits it to the Director of the Department of Health on an annual basis per R.I. Gen. Laws § 23-4-14. If jurisdiction is waived, a narrative report is written and maintained as a part of this series. This report includes various facts relating to the case including, but not limited to, the reason jurisdiction was waived and the cause of death to be listed on the death certificate. If jurisdiction is accepted, the resulting narrative report is included in HL6.1 (Autopsy Case Files). Prior to 2007, the case management files were maintained in logbooks and card files. The office entered information in the logbooks for all cases reported to it, regardless of whether jurisdiction was accepted or not. Each entry notes date of death, case number, name of decedent (if known), age of decedent, race of decedent, gender of decedent, initials of the staff member who worked on the case, place of death, cause of death, and a brief one (1) line summary of the case. Prior to 2007, the same information was also noted on a card that was placed in a card file. In 2004, the Office of State Medical Examiners began utilizing a digital database to a limited degree for entering the data on cases reported to the Office. In 2007, this database supplanted the logbooks and the card file and since then, all of the information previously recorded in the logbooks and the card file has been entered only into the database.

Retention: Permanent.

#### **HL6.5 Toxicology, Tissue Specimens, and Histology Specimens**

The Office of State Medical Examiners accepts jurisdiction for investigations of deaths that occur in Rhode Island under a wide variety of conditions per R.I. Gen. Laws § 23-4-4. The conditions are explained under HL6.1 (Autopsy Case Files). Some specimens are obtained during some autopsies and/or death investigations and preserved on paraffin blocks and glass slides. These constitute part of HL6.3 (Histology Specimens). Any other specimens constitute this series. Staff doctors may examine these other specimens, sometimes in response to requests from attorneys representing the families or estates of decedents in reference to civil litigation. The records may include, but are not limited to, toxicology and tissue samples that are not preserved on paraffin blocks and glass slides.

#### **HL6.5A Specimens from Routine Cases**

Retention: Retain three (3) years, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL6.5B Specimens from Civil Litigation Cases**

Retention: Retain three (3) years, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL6.5C Specimens from Homicide Cases and Deaths from Undetermined Causes**

Retention: Permanent.

### **HL7 Facilities Regulation**

#### **HL7.1 Health Care Facility/Agency Licensing Records**

No health care facility may operate legally in the State of Rhode Island without a license issued by the Facilities Regulation Division of the Department of Health per R.I. Gen. Laws § 23-17-4. The facilities that require this licensing include, but are not limited to, hospitals, nursing homes, assisted living facilities, clinics, clinical laboratories, hairstyling salons, and tattoo parlors. The division issues the licenses according to the applicable statutes and Regulations and also provides regulatory oversight. The records in this series may include, but are not limited to, license applications, the State's copies of licenses, ownership information, survey information (including, but not limited to, statements of deficiencies, plans for corrections, surveyor notes and findings, records of survey time), correspondence between providers and the department, information on clinical criteria to maintain licensing, records of provider-reported incidents, and operation approvals (including, but not limited to, city/municipal approvals, occupancy authorizations, state fire marshal reports, variance requests, variance approvals).

Retention: Retain ten (10) years.

#### **HL7.2 Health Care Facility/Agency Certification Records**

In addition to seeking licenses from the Facilities Regulation Division, health care facilities and agencies in the State of Rhode Island must also obtain Federal certifications in order to operate per 42 U.S.C. § 1395aa and the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191). The Facilities Regulation Division oversees the operation of these facilities and agencies to ensure compliance with

Federal statutes and Regulations. The records in this series may include, but are not limited to, Federal certification applications, survey information (statements of deficiencies, plans of correction, surveyor notes and findings, survey time), correspondence (involving providers, the Department of Health, and the Federal Centers for Medicare & Medicaid Services), and operation approvals (by cities, municipalities, the State Fire Marshal, and other entities).

Retention: Retain ten (10) years.

### **HL7.3 State/Federal Complaints and Incident Reports**

The Facilities Regulation Division tracks and investigates any allegations of non-compliance and or reports of various events (such as abuse, neglect, mistreatment, or unexplained injuries) at licensed health care facilities and agencies in the State of Rhode Island per various provisions of R.I. Gen. Laws Chapter 23-17, 42 U.S.C. § 1395aa, and the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191. These include self-reported incidents by the facilities and complaints filed by patients and/or their families. The records in this series may include, but are not limited to, intake information, investigation findings and conclusions, correspondence with complainants, investigator worksheets, investigators' notes, interview statements, survey information (including, but not limited to, statements of deficiencies, plans of correction, surveyor notes, survey findings, survey time), and departmental correspondence with providers.

Retention: Retain ten (10) years.

### **HL7.4 Hospital Incidents and Events Reporting**

The Facilities Regulation Division tracks and investigates any reports of incidents at hospitals in Rhode Island per R.I. Gen. Laws § 23-17-40. Reportable incidents may include, but are not limited to, fires or internal disasters in the facility that disrupt patient care or cause harm to patients or personnel, poisoning involving patients at the facility, outbreaks of infection, elopements by psychiatric or minor patients, kidnappings of patients, strikes by staff, disasters or emergencies external to the hospital environment that adversely affect facility operations, and unscheduled terminations of any services vital to the continued safe operation of the facility or to the health and safety of patients and staff. In addition, if any hospital files a report with the Attorney General concerning neglect, abuse, or any other mistreatment of patient(s), the hospital is obligated to furnish a copy of the report to the Division. Hospitals must also provide copies of notifications and reports made in compliance with the Federal Safe Medical Devices Act of 1990 (21 U.S.C. § 301). Any reportable incidents in hospitals that result in certain

types of patient injuries must be reported to the Department of Health per R.I. Gen. Laws § 23-17-40. These reports consist of explanations of the circumstances surrounding the incidents, updated assessments of the effects of the incidents on the patient(s) involved, summaries of patient status including follow-up care provided and post-incident diagnoses, summaries of all actions taken to correct identified problems to prevent recurrence of the incidents and/or to improve overall patient care. Patient injuries that must be reported include, but are not limited to, brain injuries, mental impairment, paraplegia, quadriplegia, paralysis, loss of use of limb or organ, extensions of hospital stays (or deaths) due to serious or unforeseen complications, birth injuries, impaired sight, impaired hearing, surgery performed on the wrong patient, performance of procedures not ordered by patients' attending physicians, suicide of patient(s) during treatment or within five (5) days of discharge, blood transfusion errors, and/or anything else reported to a malpractice insurance carrier. The records in the series may include, but are not limited to, original incident reports from hospitals, follow-up reports from hospitals, and any associated correspondence involving hospitals, patients, patients' families, and the Department of Health.

Retention: Retain ten (10) years.

## **HL7.5 Radiation Control – X-Ray Licensing**

Licensing is required for x-ray equipment utilized in Rhode Island. Periodic inspections to ensure that equipment is kept up to standards are also mandated. The licensing files contain documentation related to the original applications for licenses and also any subsequent changes in equipment or use. The records may include, but are not limited to, initial application forms, documents supplementary to applications, installation reports of x-ray equipment, facility shielding designs and plans, and changes to licensing and registration information. The changes may involve equipment, use, facility supervision, and radiation protection personnel. Other items that may be found in this series are inspection reports, notices of violation (NOV), and responses to NOV's that document corrective and preventive action.

### **HL7.5A Original Applications, Tax Information Forms, Shielding Plans and Evaluations**

Retention: Retain for life of license.

### **HL7.5B All Other Records**

Retention: Retain ten (10) years.

## **HL7.6 Radiation Control – Radioactive Materials Files**

Licensing is required for any type of handling of radioactive materials in Rhode Island. The licenses reflect the specific conditions that define what each licensee is permitted to do with radioactive materials under the license. The records contain the initial applications for licenses, documentation pertaining to the initial application, and any documents concerning commitments to address amendments to licenses. The files may include, but are not limited to, initial applications, amendment applications, renewal applications, inspection forms, NOV letters, facility response/commitments, explaining corrective or preventive actions taken, and tax addendum forms. They may also include copies of NOV letters or inspection letters from other radioactive material licensing programs that would have inspected Rhode Island licensees under reciprocity for use in their licensing region (other States for example).

#### **HL7.6A            Landmark Cases**

Retention:        Permanent.

#### **HL7.6B            All Other Records**

Retention:        Retain ten (10) years or until completion of Nuclear Regulatory Commission Audit and full license renewal process, whichever is later.

### **HL7.7            Radiation Control – Radioactive Material Reciprocity Licensing**

Anyone who holds a specific license from the U.S. Nuclear Regulatory Commission (or any State involved in an agreement with said Commission) is eligible for a reciprocal license to conduct the activities within the State of Rhode Island that are authorized by the existing license, provided that the license is issued by the agency having jurisdiction where the licensee maintains an office for directing the licensed activity. Radiation safety records must also be maintained by the licensing agency for the reciprocal license to be valid. The license holder must submit an application (Radioactive materials form, known as an MAT-9I form, with the letter “I” designating an initial application), a tax form, and a current copy of the radioactive materials license from the Nuclear Regulatory Commission or an agreement state. Additional RCA (Radiologically Controlled Area) MAT-9N (notifications of reciprocity actions in Rhode Island) forms must also be submitted three days prior to the use of radioactive material in Rhode Island. The records are used to confirm that a company is authorized to use radioactive materials in the State for the time period requested. The files may include, but are not limited to, applications (MAT-9 forms), RCA MAT-9 forms, tax forms, copies of radioactive materials licenses (submitted by the Nuclear Regulatory Commission or an agreement State), copies of the reciprocity

licenses, inspection reports, and copies of NOV letters for inspections conducted.

**HL7.7A          Landmark Cases**

Retention:          Permanent.

**HL7.7B          All Other Records**

Retention:          Retain five (5) years or until the audit by the Nuclear Regulatory Commission is completed, whichever is later.

**HL7.8          Radiation Control – FDA Performance Partnership Compliance Surveys**

Any facility in Rhode Island that is licensed for radiation control must comply with standards set by the Food & Drug Administration (FDA). The FDA distributes surveys that each licensed facility must fill out and return each month. The Environmental Health Division retains copies of these reports. The files on each agency are consolidated at the end of each calendar year and are maintained as part of an annual performance evaluation. The records may include, but are not limited to, copies of completed compliance surveys and FDA forms that are specific to the type of equipment surveyed.

Retention:          Retain five (5) years.

**HL7.9          Radiation Control – Tanning Licensing Records**

Tanning facilities are required to register annually with the Department of Health per R.I. Gen. Laws § 23-68-6. New licenses must be issued each year for such a facility to remain in operation. The records of the licensing process may include, but are not limited to, initial applications, supporting documents for the applications, insurance documentation, tax identification information, inspection reports, NOV's issued, and responses to NOV's documenting corrective and preventive actions taken.

Retention:          Retain ten (10) years or until next complete inspection, whichever is later.

**HL7.10          Radiation Control – FDA Mammography Quality Assurance Act Contract**

Two Federal laws (the Mammography Quality Assurance Act and the Mammography Quality Standards Act (Pub. L. No. 102-539)) require that the Food & Drug Administration must issue a facility certificate before the

facility in question can perform any type of mammography (the most sensitive test for early detection of breast cancer). These records document the cooperation with FDA in fulfilling the contract that reflects those laws (21 C.F.R. § 1403.42). The files may include, but are not limited to, the signed contract with FDA, copies of monthly reports, copies of quarterly invoice documents, copies of remittance checks from FDA, copies of compliance surveys, and forms specific to equipment surveyed.

Retention: Retain five (5) years.

#### **HL7.11 Radiation Control – GEN 1-4 RAM Licensing (General Licensing Files)**

The State of Rhode Island requires licensing of any radioactive material in the State. The records in this series deal with any radioactive material not covered by other statutes and are used to maintain awareness of the locations of any such material not specifically licensed by the State per R.I. Gen. Laws § 23-1.3-6. The files may include, but are not limited to, signed applications, tax forms, supplementary documents, records of changes in what is licensable and what is not, termination reports, and disposal records.

Retention: Permanent.

#### **HL8 Emergency Medical Services**

##### **HL8.1 Patient Care Reports**

The Center for Emergency Medical Services within the Rhode Island Department of Health requires a patient care report to be generated for each and every patient that is cared for by a licensed emergency service within the state per 216-RICR-20-10-2.7(E). The reports are generated by the service and signed by representatives of the receiving facility. These reports document the care provided by the service prior to leaving the patients at a receiving facility (such as a hospital). The reports are also used for blind data collection, quality assurance, quality improvement, and for insurance billing of the agency that provided the care. The records in this series consist of the reports. The data included in the reports may include, but is not limited to, patient identification, descriptions of medical complaints, medical history, medications provided (whether administered by EMS or provided by a physician), vital signs, narrative description of care provided, identities of EMS providers, EMS service information, EMS response times, and any other associated information commonly accepted as EMS care documentation. The reports also contain refusal of care statements

made by people who decline to be cared for or transported to a hospital. (216-RICR-20-10-2.7(E))

Retention: Retain ten (10) years from date of service. If patient is a minor, retain three (3) years after the minor reaches the age of eighteen (18) years or ten (10) years after the date of service, whichever is later.

## **HL8.2 Training Centers – Applications**

The Center for Emergency Medical Services within the Rhode Island Department of Health requires approval of any and all training sites that teach courses which pertain to the initial training of Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technician- Cardiacs (AEMT-C), Paramedics, and any other professionals involved in emergency care per 216-RICR-20-10-2.10. These sites must fill out applications and have them approved by the Chief of Emergency Medical Services or his or her designee (often the EMS Training Coordinator. The records in this series include, but are not limited to, applications, insurance information on applicants, financial information on applicants, information on principal staff and employees of applicants, individual resumes and credentials, layouts of buildings owned and/or utilized by applications, floorplans of these facilities, memoranda of agreements with other health care facilities, information on curriculum, information on evaluation instruments, information on policies and procedures if applicants, and any other associated materials reflecting the activities of the applying entity in terms of conducting professional, vocational post-secondary education training. (216-RICR-20-10-2.10)

### **HL8.2A Records of Centers with Approved Applications**

Retention: Retain seven (7) years after closing.

### **HL8.2B Records of Centers with Applications Rejected or Withdrawn**

Retention: Retain three (3) years after last communication.

## **HL8.3 Disciplinary Consent Orders (Individual, Service, and Vehicle)**

The Center for Emergency Medical Services within the Rhode Island Department of Health is required to make public any disciplinary actions taken against emergency care providers in an effort to protect public health and the public safety of residents. The records made public exist in the form of consent orders, which are agreements worked out by two or more parties involved in a dispute and have the same legal standing

as court orders (meaning that courts can enforce them if any of the parties do not comply). The consent orders in this series may involve disciplinary actions taken against licensed individuals, vehicles, or services. The consent orders may relate to probation, summary suspension, revocation, Cease and Desist orders, and Notices of Immediate Compliance. The process of revocation of licenses is described in R.I. Gen. Laws § 23-4.1-9. The records in this series consist of these orders. (R.I. Gen. Laws § 23-4.1-9)

#### **HL8.3A Cases Involving Individuals**

Retention: Retain three (3) years after the death of the respondent.

#### **HL8.3B Cases Involving Services**

Retention: Retain three (3) years after service ceases to operate.

#### **HL8.3C Cases Involving Vehicles**

Retention: Retain three (3) years after vehicle is retired from service.

### **HL8.4 Investigation Records (Individual, Service, and Vehicle)**

The Center for Emergency Medical Services within the Rhode Island Department of Health is required to investigate complaints made to the department against licensed emergency care providers (EMR, EMT, AEMT-C, Paramedics, and any others). The Center must also investigate complaints against those purporting themselves to be licensed. The same rules apply to emergency vehicles and agencies – whether licensed or purporting to be licensed. These investigations are conducted for the purpose of protecting public health and public safety within the state. The records in this series may include, but are not limited to, complaint forms, statements, care records, patient records from other medical facilities, law enforcement records, criminal court records (in various formats), audio tapes/recordings, photographs, still images, video images, autopsy records, and any other documents that may serve as evidence in cases involving investigations of these complaints.

#### **HL8.4A Investigations of Valid Complaints**

Retention: Retain ten (10) years after last complaint, or seven (7) years after the final disposition of litigation in accordance with GRS2.1 (Case Files).

#### **HL8.4B      Investigations of Disproven Complaints**

Retention:      Retain seven (7) years.

#### **HL8.5      Service License Records**

The Center for Emergency Medical Services within the Rhode Island Department of Health requires original applications and renewal documents for all licensed Emergency Medical Services providers within the state per R.I. Gen. Laws § 23-4.1-8. This series documents that process. The records in this series may include, but are not limited to, applications, financial and insurance information, service rosters, vehicle identification numbers, staff assignments, and any other records associated with service/business licensure. (R.I. Gen. Laws § 23-4.1-8)

Retention:      Permanent.

#### **HL8.6      Ambulance Inspection Records**

The Center for Emergency Medical Services within the Rhode Island Department of Health is required to complete annual inspections of all ambulances (transporting and non-transporting) that are licensed within the state to serve that purpose per 216-RICR-20-10-2.8(E). The records in this series document those inspections. They may include, but are not limited to, checklists and Notices of Noncompliance. The latter record deficiencies and specify an allowable time for replacement. Once corrective actions are taken, that is also recorded. (216-RICR-20-10-2.8(E))

Retention:      Retain seven (7) years after the vehicle is last licensed by a Rhode Island based EMS service.

#### **HL8.7      Emergency Vehicle License Records**

The Center for Emergency Medical Services within the Rhode Island Department of Health requires applications and renewal documents for all vehicles that are licensed to provide emergency medical services within the state. Per R.I. Gen. Laws § 23-4.1-7, the director of the Department of Health has the authority to issue regulations to govern the standards of suitability of Ambulances for the transportation of patients. These standards take several items into account – health, sanitation, safety, communications, maintenance, on-board medical equipment, safety equipment, extraction equipment, ambulance markings, garaging conditions, and care and condition of the ambulance and equipment. The ambulance owner must also show the ability to govern minimum financial capacity of private ambulance service providers. The records in this series may include, but are not limited to, applications, insurance information, vehicle identification numbers, license plate numbers, and

other items associated with new vehicles used for emergency vehicle services. (R.I. Gen. Laws § 23-4.1-7)

Retention: Retain seven (7) years after the date of the last licensure by the office.

## **HL8.8 EMT Applications – Licensed Individuals**

The Center for Emergency Medical Services within the Rhode Island Department of Health receives and reviews applications for licensure for various levels of EMS providers per 216-RICR-20-10-2.5, including the following – Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician – Cardiac (AEMT-C), Paramedic. Individuals who apply and meet the requirements set forth by the state are licensed as professionals at the level applied for. The records in this series may include, but are not limited to, applications and associated documents such as training institution certificates, CPR certifications, National Registry of EMT certificates, copies of high school diplomas, Rhode Island Bureau of Criminal Identification (BCI) documentation, and military service documentation. In some cases, records are incomplete for various reasons. These reasons may include, but are not limited to, an inability to obtain a BCI clearance or other incomplete documentation. These applications remain in a holding file until reaching the point that an applicant must start the retraining process if s/he wishes to be licensed. (216-RICR-20-10-2.5)

### **HL8.8A Applications for Licensed Personnel**

Retention: Retain seventy-five (75) years.

### **HL8.8B Incomplete Applications**

Retention: Retain three (3) years.