



DEPARTMENT OF PERSONNEL & ADMINISTRATION
STATE ARCHIVES AND PUBLIC RECORDS
RECORDS DISPOSITION SCHEDULE

ARCHIVES NO.
08-52

DEPARTMENT Department of Public Health and Environment		DIVISION Prevention Services	SECTION Newborn hearing Screening and Follow-up (Center for Health Families/CSHCN)	PERMANENT <input type="checkbox"/> NON-PERMANENT <input checked="" type="checkbox"/>
ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS	
1.	Newborn hearing screening results and follow-up information on confirmed hearing loss cases (PHI) <i>CHIRP (electronic version)</i>	Retain for 25 years then destroy	Records kept to age of majority (18 years) + 7 years. Keep under reasonable and appropriate electronic safeguards Destroy by e-shredding	
2.	Confirmed Hearing Loss Report (PHI) <i>Audiological Assessment reports for cases of confirmed hearing loss (hard copy of newborn hearing screening results) (PHI)</i>	Retain for 25 years then destroy	Store in locked cabinet Destroy by shredding	
3.	Monthly Hospital Reports (PHI) <i>Completed individual hospital follow-up reports (hard copy)</i>	Retain for 25 years then destroy	Store in locked cabinet Destroy by shredding	
4.	Statistical reports (aggregate data) (no PHI) <i>Hospital summary report sent to hospital and regional audiology coordinators (hard copy)</i>	Retain for 25 years then destroy		
5.	Monthly Family Letter (PHI) (electronic & hard copy) <i>Letter to family re: no hearing test or did not pass hearing test</i>	Retain for 25 years then destroy	Store in locked cabinet Destroy by shredding	
6.	Birth Certificates (electronic) (PHI) <i>Daily download of electronic birth certificates from Health Statistics</i> Record copy Duplicate copy in CHIRP	Retain for 25 years then destroy Health Statistics Section (HSS) has record copy Destroy as required by MOU	Retention dictated by MOU between CSHCN & HSS. Currently purge 1 at 1-1/2 years; purge 2 at 3 years. Destroy by e-shredding	

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the Records Management Policies and Procedures Manual.

State Archivist's Signature <i>Terry Ketelsen</i>	Date 3/14/2008	Records Liaison Officer's Signature <i>Betsy Hauke</i>	Date 01-25-2008
Attorney General's Signature <i>John Suthers</i> <i>by Annie Rottersman</i>	Date 6/26/08	State Auditor's Signature <i>[Signature]</i>	Date 6/2/08