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

ARCHIVES NO. 14-09

DEPARTMENT	DIVISION	SECTION	
Public Health & Environment	Disease Control and Environmental Epidemiology	Viral Hepatitis	PERMANENT ☒ NON-PERMANENT ☒

ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS
1.	**Acute Hepatitis B and C Cases** *This records series may include laboratory, medical and interview records. It also includes personal identifying information such as name, age, sex, address, race, and ethnicity.*	Hard Copy: (4) years –including the current year Electronic: Permanent	
2.	**Chronic Hepatitis B and C Cases** *This records series may include laboratory, medical and interview records. It also includes personal identifying information such as name, age, sex, address, race, and ethnicity.*	Hard Copy: (4) years –including the current year Electronic: Permanent	
3.	**Perinatal Hepatitis B Prevention Case Management Database and Case Files** *This records series may include laboratory, medical, interview, and case management records.*	Hard Copy and Electronic: Permanent	
4.	**Outbreak Investigations** *This records series may include questionnaires, surveys, lab results, case investigation forms, summary, and final report.*	Hard Copy and Electronic: Permanent	
5.	**Hepatitis C Virus (HCV) Counseling and Testing Sites** *This records series may include results of Hepatitis C laboratory testing, demographic information and personal identifying information such as name, age, sex, address, race, and ethnicity.*	Hard Copy: (2) years – including the current year Electronic: Permanent	*No record shall be destroyed that pertains to any legal case, claim, action, or audit.*

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	Date	Records Liaison Officer's Signature	Date
[signature]	9/24/2013	Betsy Hanah	9.16.13
Attorney General's Signature	**Date**	**State Auditor's Signature**	**Date**
[signature] for John W. Suthers	2/12/14	[signature]	12-16-13