

Records Management Policy for The Bourne Dental Practice

The Bourne Dental Practice holds and maintains information about the business and its patients that is necessary for the efficient running of the practice and the effective provision of dental care. This policy describes the information that must be kept, how it must be stored, archived and disposed of to ensure that the practice complies with the requirements of data protection legislation.

The practice **Confidentiality policy** describes the need for all members of the dental team to keep patient information confidential and practice procedures for handling information about patients; it must be followed always. The arrangements for keeping information safe are described in the practice **Data security policy**, which includes the measures for physical and electronic security.

The practice Privacy Notice for patients helps them understand how the practice uses and protects their personal information.

Retaining information

Information about the business and its patients is kept for no longer than required.

- **Patient records** are maintained and kept up to date while the individual remains a practice patient. When they cease to be a patient of the practice, their records are retained for 11 years following their last visit to the practice or until age of 25, whichever is the longer. If the patient is 17 years of age their records must be retained until the age of 26.
- **Personnel and associate records** are maintained and kept up to date whilst the individual works at the practice as an employee or self-employed contractor. Following their departure from the practice their records are retained for 7 years from the date of leaving the practice. Records relating to workplace accidents or injuries are retained indefinitely. Records for associates are kept for up to 8 years.
- **Financial records** are retained for at least 6 years.
- **Business records**, including contracts with suppliers, are retained for at least 6 years.

Secure storage

All members of the team must protect information held by the practice and store it securely. Information is only accessed on a need-to-know basis: where it is necessary to carry out required tasks; in the delivery of care to patients; or upon the direct instruction of a senior person within the practice.

For records held electronically, access is password protected and restricted to those who, as part of their work duties, require the information. Electronic records are regularly backed-up by Andrew Warrington or Claire Spencer-Wing and the backups are then stored in a fire proof, key lockable safe

Non-electronic (paper) records are stored in a location that is not accessible to patients, visitors to the practice or other members of the public. To ensure that patient record cards, financial

information and personnel records are stored securely they must be kept in lockable cabinets at the end of each working day and the keys retained by designated staff members.

Patient record cards are stored securely in a lockable filing room and access is restricted to members of the team only.

Financial information and personnel records are stored securely in lockable filing cabinets within the office which also has been fitted with a key code access

Archiving records

Where records need to be retained but are no longer required on a day-to-day basis, they are archived and stored securely. Records will be stored in a way that ensures easy identification and retrieval. The final decision on archiving information is taken by Nicholas Maxey.

Electronic records that need to be retained but are not required on a day-to-day basis are, in the first instance, archived within the IT system. Where electronic storage space is at or near capacity, archived electronic data will be copied onto a suitable electronic format with copies stored securely at the practice premises and off-site.

The practice has systems for reviewing archived information that is no longer needed.

Secure disposal of old records

Records that are no longer required are disposed of securely by shredding, pulping or incineration. The services of a professional contractor will be used where necessary; a certificate of confidential destruction is obtained and retained by the practice as evidence of DPA compliance.

Patient study models are disposed of as soon as they are no longer required, and at the latest at the same time as the records associated with the patient are disposed of.

Records held electronically and backups of electronic information are disposed of using the secure deletion option on the practice computer system.

The final decision on disposing of records will be taken by Nicholas Maxey.

Date: February 2024

Next review due: February 2026