Policy Title	Records Management
Policy Number:	ADM 1.04
Department:	SOMI
Functional Area:	Administration
Contributing Department	
Approved by:	RHEI Leadership Team
Effective Date:	8/1/2024
Version:	1
Status:	Approved
Manual	To be entered by Compliance360 System administrators or N/A if not in C360
Section	ADM 1

I. Mission, Vision and Values

This policy reflects our commitment to human dignity, integrity, compassion, stewardship, and service by guiding decisions and actions that uphold respect for all individuals and promote excellence in our work.

This policy aligns with our mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and providing good help to those in need, especially the poor, dying, and underserved by ensuring that our practices support ethical, effective, and accountable service across all areas of the organization.

II. Policy

It is the policy of Bon Secours St. Mary's School of Medical Imaging (SOMI) that all records (as defined below) are the property of the School and neither the personal property nor the property of a specific school, department, division, unit, institute or center, that such records are maintained in accordance with all applicable laws and regulations, the requirements of accrediting and other external agencies, and the standards and procedure prescribed herein, and that records that are no longer needed or of no value are discarded or disposed of as specified in this policy.

III. Purpose

The purpose of this policy is to ensure the integrity, confidentiality, and security of all documents and records created, received, or maintained in the course of institutional business, protect the interests of faculty, employees, students of SOMI, facilitate appropriate access to such documents, and records, and inform all SOMI faculty, associates and administrators of the standards, requirements, and responsibilities for the management, retention and disposition of all SOMI records.

IV. Scope

This policy applies to all associates and students of SOMI as defined herein.

V. Definitions

The term "record" under this policy means all documents and files, whether written, electronic or recorded matter regardless of its physical form or characteristics, that are created, produced, received or maintained by faculty, employees or components of the School during their activities for or on behalf of the School or in the transaction of School business. Records may also include documents that were acquired by the School as the result of a business acquisition or by written agreement to serve as custodian. Examples include, but are not limited to, academic files, administrative files, student files, financial and accounting records, correspondence, letters, memoranda, forms, charts, reports, maps and drawings, plans, photographs and films, spreadsheets, computer records, microfilm and microfiche, electronic files, electronic mail, data processing output in media, video and audio recordings, and micrographics or any digitization magnetic tape or other electronic storage of any of these things. This policy does not apply to non-records which include preliminary drafts not circulated for comment, duplicate copies of correspondence, duplicate copies of records used for short-term reference purposes, blank forms, stocks of publications, magazines, publications from professional organizations, newspapers, public telephone directories, electronic mail ("e-mail) created during incidental use and transitory messages such as voice mail, telephone messages, self-sticking notes and other messages which are used primarily for the informal communication of information.

Active records are defined as information that is regularly accessed while students are enrolled.

Inactive records are those which are rarely accessed and, if not electronic, may be stored at a secured off-site storage. Records custodians should retain detailed storage information of documents stored offsite in order to retrieve them on demand or at the end of the retention period, at which time the custodian is responsible for disposal of those specific records.

Fiscal Year: The January 1 – December 31 period delimiting the beginning and ending dates for reporting annual financial data for the School.

VI. Policy Details

RESPONSIBILITIES

All School personnel are responsible for ensuring that all records are created, used, maintained, preserved, and disposed of in accordance with this policy. Electronic records are to be managed consistent with the requirements for traditional records in compliance with this policy. Records containing confidential and proprietary information shall be securely maintained, controlled, and protected to prevent unauthorized access. The unauthorized use, removal, or destruction of School records is prohibited. No School record or document may be falsified or inappropriately altered in any manner. Information pertaining to the unauthorized use, removal, or destruction of the School's records or regarding falsifying or inappropriately altering information in a School record should be reported directly to the Campus Director and Dean of Academic Affairs of the School.

All School records shall be retained in a readable format regardless of changes in technology or equipment obsolescence. Printing documents and saving to a file, maintaining old equipment and software applications, or converting records to new technology, may meet this requirement. Electronic mail ("e-mail"), i.e., is subject to this policy. E-mail senders (originators) are responsible for retaining messages and documents relating to the transaction of School business in compliance with the attached Records Management Schedule. E-mails may be retained in electronic form or printed.

Each functional area of the School shall have a designated records custodian responsible for implementing records management practices consistent with this policy, establishing and monitoring the level of confidentiality and security appropriate for specific types of records, educating staff in understanding records management practices, preserving records of legal, fiscal, or administrative value, and destroying inactive records upon expiration of the established record retention period. Custodians are responsible for reviewing Records Management Schedule annually and informing the School's administration of any necessary changes.

In the event of School closure or revocation of certification in Virginia, the School will contract with another institution or records management company to arrange for preservation and access to its academic records to the public based on defined criteria. The School will also notify the State Council of Higher Education for Virginia (SCHEV) of its preservation plans in a timely manner.

RECORDS MANAGEMENT SCHEDULE

The Records Management Schedule (Appendix) lists the School's significant academic and business records and their corresponding minimum retention period. The Schedule applies to all School documents effective August 2010, signature dates may vary. In most cases, state or federal law determines the period for which specific records must be maintained, regardless of their active or inactive status. Where there are no legal requirements, the School will apply professional standards dictating best practices for records management.

RECORD DISPOSAL

Records that have satisfied their legal, fiscal, administrative, and archival requirements are to be disposed of or destroyed in accordance with the Records Management Schedule (see Appendix). Records must be destroyed in a manner that ensures the confidentiality of the records and renders the information no longer readable and recognizable as School records prior to disposal. The approved methods to dispose records include, but are not limited to, recycling, shredding, burning, pulping, pulverizing, and magnetizing. Written documentation of such disposal shall be kept and maintained by the designated records custodian. Deletion of confidential or privacy-protected information in computer files or other electronic storage media is not acceptable. Electronic records must be "wiped" clean or the storage media physically destroyed by or under the direction of Bon Secours Information Services (or by its designee). These methods of destruction are specified so that records may not be viewed or used by unauthorized persons after they are disposed.

LITIGATION HOLDS

Where the School has information regarding current, pending, threatened litigation or governmental investigation, it has the obligation to take steps to preserve documents that might be implicated in such litigation or investigation. In such event, the School is under legal obligation to preserve all relevant records pertaining to the issues and will take steps to identify all paper and digitally maintained files (including e-mail and computer accounts of separated employees) that may contain information relevant to the case. The School's Campus Director and Dean of Academic Affairs will notify appropriate personnel to preserve such documents indefinitely until receiving a written release by the Campus Director and Dean of Academic Affairs. In the event of a litigation hold, all policies for the disposition of documents must be suspended for the subject of the hold. Failure to preserve documents after having received a preservation notice can have extremely serious consequences for the School. This hold includes the preservation of electronic media and obligates the School to copy and preserve emails and computer hard drives of involved personnel for future forensic investigation. Accordingly, failure to comply

with a litigation hold will be deemed misconduct and will subject personnel to disciplinary action, up to and including dismissal, as well as personal liability for civil and/or criminal sanctions by the courts or law enforcement agencies.

VII. Attachments

Appendix II

VIII. Related Policies and Procedures

None

IX. Regulatory Notices

Nothing in this policy creates a contractual relationship between Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI), a department owned and controlled by Bon Secours St. Mary's Hospital of Richmond, LLC, and any party. SOMI, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	4/13/2020	N/A	Revisions and new template	N/A	Dean of Administration
2.0	2/23/2022	N/A	Revisions	1.0	Dean of Administration
2.0	2/5/2024	2/5/2027	Reviewed – No Changes	2.0	Dean of Administration
1	2/5/2024	2/5/2027	Version changed – BSMH Template Adopted	2.0	Dean of Administration

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025- Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document

for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center. This also may apply to Bon Secours Mercy Health Medical Group LLC and its medical group affiliates.