



<b>DEPARTMENT:</b> Information Protection	<b>POLICY DESCRIPTION:</b> Shredding Bin Use and Protection
<b>PAGE:</b> 1 of 4	<b>REPLACES POLICY DATED:</b> 12/1/13, 12/1/21
<b>EFFECTIVE DATE:</b> September 1, 2022	<b>REFERENCE NUMBER:</b> IP.GEN.001
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology centers, physician practices, home health and hospice, shared services centers and corporate departments, Groups, Divisions and Markets.

**PURPOSE:** All facilities maintain document-shredding bins that serve as secure, temporary storage for confidential documents until the document-shredding vendor collects the contents of the bins for final destruction processing. The bins contain confidential information which may include Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA), sensitive information of customers, colleagues, suppliers, and other sensitive facility information.

Each HCA Healthcare facility will choose to either have physical key(s) or key code(s) to the document-shredding bins on site (Option 1), or retained only by the document-shredding vendor (Option 2). This policy is designed to provide guidelines for the management of physical key or key codes, security and access to document-shredding bins, as well as direction on how to request additional bins, if necessary.

**POLICY:** The Chief Executive Officer (CEO), Administrator, Agency Director or Area Practice Manager of a Company-affiliated facility shall designate an appropriate individual to serve as the Facilitator of this process for the facility. The Facilitator may designate additional persons to assist with the administration of this policy (Authorized Persons).

Definitions in the Patient Privacy Program Requirements Policy, IP.PRI.001, and all of the Company's patient privacy, security and facility model policies and procedures apply to this policy.

**PROCEDURE:**

- A. Facilities must select either Option 1 or Option 2 for maintaining the physical key(s) or key code(s) to document-shredding bins.
  - 1. **Option 1:** If the facility elects to maintain the physical key(s) or key code(s) to document-shredding bins on site:
    - a. The Facilitator shall be authorized by the CEO, Administrator, Agency Director, Area Practice Manager or designee to:
      - i. Have a physical key or key code to, and to access, the bins at the facility; and
      - ii. Designate one or more Authorized Person(s) as being authorized to do so.
    - b. The document-shredding vendor shall provide to the Facilitator a very limited number of physical keys for bins at the facility.

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- c. The Facilitator shall record the number of physical key(s) or key code(s) received from the vendor, and distribute the physical key(s) or key code(s) only to Authorized Person(s) at the facility.
- d. The Facilitator shall maintain a log containing the names and signatures of each Authorized Person who has received a physical key or key code and other data as shown on Exhibit A.
  - i. If the Facilitator retains a physical key or key code, the Facilitator's name shall also be reflected in the log as a recipient of a physical key or key code.
  - ii. The log shall be accurately maintained by the Facilitator at all times to fully account for all physical key(s) or key code(s) associated with bins at the facility. This includes:
    - 1) Anytime new physical key(s) or key code(s) are received or old physical key(s) or key code(s) are retired by the document-shredding vendor.
    - 2) Anytime new Authorized Persons are designated or others removed from their roles as Authorized Persons.
  - iii. The Facilitator shall take an inventory annually to verify all physical keys in the log are accounted for.
- e. Each physical key or key code list shall be kept in a secure, locked location at the facility, accessible only to the Authorized Persons and/or the Facilitator.
- f. Physical key(s) or key code(s) shall never be issued to any individual other than the Facilitator or an Authorized Person and shall never be issued for shared use by members of any department, including but not limited to Plant Operations, Environmental Services (EVS), and Physical Security.
- g. If the designated Facilitator or Authorized Person leaves their role:
  - i. Notify facility leadership as soon as possible.
  - ii. Assign a new Facilitator and/or Authorized Person and arrange for physical keys to be turned in. Facility leadership shall make the decision to update key codes.
  - iii. Document the incident within the Key Log (Exhibit A).
- h. If a physical key or key code to a shredding bin is lost, forgotten, or shared with any individual other than the Facilitator or an Authorized Person the Facilitator shall be notified as soon as possible. The Facilitator in turn shall:
  - i. Notify facility leadership as soon as possible.
  - ii. Document the incident in the Key Log (Exhibit A).
  - iii. Facility leadership should assess the situation and make a risk-based decision on whether to replace the locks and issue new physical keys or update key codes.

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Colleagues can refer to the [Shred Bin Atlas Connect Site](#) for guidance on how to receive new physical keys and/or key codes, or replace shredding bin locks.

2. **Option 2:** If the Facility elects **not** to maintain the document-shredding bin physical key(s) or key code(s) on site:
  1. Only personnel of the document-shredding vendor shall have physical key(s) or key code(s) to the bins.
  2. The physical key(s) or key code(s) shall never be issued to any other individual or department at the Facility including, but not limited to Plant Operations, EVS, Physical Security, etc.
  3. If there is a need for the Facility to gain access to a bin, the Facilitator or an Authorized Person may request the document-shredding vendor to open a bin.
  4. The Facility shall ensure that the document-shredding vendor is instructed to open a bin only on the request of the Facilitator or an Authorized Person.

- B. A Facility must follow the following procedures when a document-shredding bin is opened off-schedule.
  1. A document-shredding bin may be opened only upon receipt by the Facilitator or an Authorized Person of a written or verbal report that documents have been deposited into a bin in error and must be retrieved prior to the next scheduled visit of the document-shredding vendor.
  2. The Facilitator or Authorized Person shall conduct any review they deem to be warranted to ascertain whether the person making the request is authorized to receive the documents to be retrieved from the bin.
  3. The Facilitator or Authorized Person who opens a bin or oversees the opening of a bin by the vendor, shall notify the supervisor of the person who requested that the bin be opened, by email, within one week of such occurrence.
  4. The Facilitator at the facility shall maintain a log (Exhibit B) that identifies each instance of an unscheduled opening of a bin, who requested it, what was removed from the bin, the reason why an unscheduled opening of the bin was required, who opened the bin, and the signature of the Facilitator or Authorized Person.
  5. A person other than the Facilitator or Authorized Persons designated by facility leadership shall review the log monthly for appropriateness and to identify any patterns that may warrant additional follow-up.

**DEFINITIONS:**

**Facilitator:** Any colleague authorized by the facility CEO, Administrator, Agency Director, Area Practice Manager or designee to have a shred bin physical key or key code and access the shred bins. The Facilitator has the authority and responsibility to designate an Authorized Person.



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Examples include, but are not limited to, Ethics and Compliance Officer, Facility Privacy Official, Director of Information Security Assurance.

**Authorized Person:** Any colleague authorized or appointed by the Facilitator to have a shred bin physical key or key code and access to the shred bin. Examples include, but not limited to, Charge Nurse, Practice Manager, assigned department leadership.

**REFERENCES:**

1. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164
2. Patient Privacy Program Requirements Policy, [IP.PRI.001](#)
3. Model Facility Policy, [Sanctions for Privacy and Information Security Violations](#)
4. Discipline, Counseling, and Corrective Action Policy, HR.ER.008
5. Records Management Policy, [EC.014](#)
6. [Exhibit A: Document Shredding Bin Key Log](#)
7. [Exhibit B: Document Shredding Bin Access Log](#)