



INODAYA Hospitals - Kakinada

Documentation code:
INH/IMS.Doc.018

Policy on Destruction of Medical Records

Prepared date: 11/11/2025

Reference: IMS.1.a-g.NABH Standards – 6th Edition

Issue Date: 11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

1. Purpose

To establish a standardized procedure for the secure, compliant, and ethical destruction of medical records that have fulfilled their mandatory retention period, ensuring patient confidentiality, privacy, and compliance with Andhra Pradesh government guidelines and applicable laws.

2. Scope

This policy applies to all physical and electronic medical records generated and maintained by Inodaya Hospital, covering inpatient, outpatient, diagnostic, and ancillary services. It applies to all staff involved in record handling, archiving, and destruction.

3. Definitions

Medical Records: All documents related to patient care including charts, lab reports, imaging, discharge summaries, and electronic data.

Retention Period: The legally or institutionally mandated time medical records must be preserved before destruction.

Destruction: The process of rendering medical records unreadable, irretrievable, and unusable.

4. Policy Statement

Inodaya Hospital will retain medical records for the minimum period prescribed by Andhra Pradesh health regulations and other relevant authorities. After the retention period expires, records will be destroyed securely and confidentially, following documented procedures, to protect patient privacy and data security.

5. Procedure for Medical Record Destruction

5.1 Identification and Verification

Medical Records Department (MRD) staff will generate a list of records eligible for destruction based on retention periods.

Prepared by:

D. Leela Veerababu

Verified by:

Dr. M. Gowtham Krishna

Approved by:

G. Lakshmi Lavanya

Mr. Leela Veerababu.D

Dr. M. Gowtham Krishna

Ms. Lakshmi Lavanya

Incharge – IT Dept

Medical director

Chief executive officer

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The list will be reviewed and verified by the Medical Superintendent or designated authority. Any records involved in ongoing patient care, litigation, or audits will be excluded.

5.2 Approval

Destruction will only proceed after written approval from the Medical Superintendent or authorized official. A destruction schedule will be prepared and communicated to relevant departments.

5.3 Destruction Process

Physical records will be destroyed by shredding, pulping, or incineration using approved secure methods.

Electronic records will be destroyed by secure deletion software or hardware degaussing to ensure data is irretrievable.

Destruction must be witnessed by at least two authorized staff members.

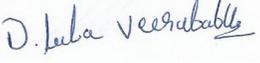
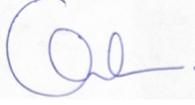
5.4 Documentation

A Medical Records Destruction Log will be maintained, documenting:

- Description of records destroyed
- Date of destruction
- Method of destruction
- Names and signatures of witnesses
- Approval documentation

5.5 Confidentiality

All staff involved in the destruction process must maintain strict confidentiality. Any breach will result in disciplinary action.

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6. Roles and Responsibilities

Medical Records Department Identification, preparation, and coordination of destruction

Medical Superintendent Verification and approval of destruction schedule

Quality and Compliance Team Audit destruction processes and documentation

IT Department Secure deletion of electronic records

All Staff Maintain confidentiality and report breaches

DOCUMENT REVISION HISTORY

Version	Date of issue	Reason for Revision
Original version - 1		
Revised version - 2		
Revised version - 3		
Revised version - 4		
Revised version - 5		

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