I. PURPOSE: To ensure proper retention of radiology reports.

II. POLICY: Montana State Hospital (MSH) will maintain documentation required for HIPAA compliance and will store such documentation for a period of not less than 10 years following the date of a patient’s discharge or death. Documentation that is no longer required may be destroyed in a manner appropriate to Protected Health Information (PHI) per MSH policy HR-18, HIPAA Documentation and Record Retention.

III. DEFINITIONS:

A. Radiologic Report: a transcribed or verbal interpretation of an imaging study or procedure given by the radiologist.

B. Licensed Independent Practitioner: an active, provisional or part-time physician or APRN and/or CNS who attends to the care of the patients at MSH.

C. Registered Radiology Technologist (RT): current American Registry of Radiologic Technologists (ARRT) and State of Montana license holder under contract to provide services to MSH.

D. Limited Permit Technologist (LPT): current State of Montana Limited Permit radiology Technologist license.

IV. RESPONSIBILITIES:

A. RT and LPT – will ensure radiology files are properly maintained in the patient’s medical record and in the medical clinic area.

V. PROCEDURE:

A. The following guidelines will be followed while maintaining patient radiology files.
   1. Patient information including name, hospital number, DOB, and exam are included on the patient’s report. Licensed Independent Practitioner order is stapled to the patient’s report.
   2. All patient reports are maintained in the Radiology Department.
   3. Diagnostic imaging film and electro-diagnostic tracings must be retained for a period of ten years.
   4. Radiologic reports will be included in the medical record and must be retained for the same periods required for the medical record.
VI. REFERENCES: MSH policy HI-18, HIPAA Documentation and Record Retention.

VII. COLLABORATED WITH: Limited Permit Radiology Technologist; Health Information Director; Associate Director of Nursing; Medical Director; Registered Radiology Technologist; and Radiologist.

VIII. RESCISSIONS: None, new policy.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Health Information Director.

XII. ATTACHMENTS: None.

Signature:

Jay Pottenger Thomas Gray, M.D.
Hospital Administrator Medical Director