

I. RECORD RETENTION

PURPOSE / BACKGROUND

The University of Louisville is responsible for the maintenance of documentation supporting the proper use of its resources and the public and private support that furthers the realization of its mission. The University is committed to conducting its affairs in full compliance with the law and with its own policies and procedures, including record retention requirements established by federal, state, local, and other oversight agencies.

The purpose of this Policy is to establish record retention standards for the Institutional Compliance Office.

POLICY

Documents generated by the University’s Institutional Compliance Office (ICO), including meeting minutes, compliance helpline reports, investigatory documents, review reports and supporting documentation, audit reports and supporting work papers, authoritative documentation, corrective action plans, and educational materials, shall be maintained by the University Compliance Officer or his/her designee for a minimum period of six (6) years in accordance with the procedures set forth below.

II. PROCEDURE FOR POLICY

A. *Retention:* All non-permanent records, as defined by Kentucky’s State Model University Record Retention Schedule, developed in accordance with the operation of the ICO shall be maintained for a minimum of six (6) years. Provided there is any ongoing internal or external investigation, including governmental investigations (e.g. U.S. Department of Justice, Department of Health and Human Services Office of Inspector General, National Collegiate Athletic Association (NCAA), etc.), lawsuits or similar actions, those records relevant to the action shall be retained until the action is concluded. Documents may be retained for longer periods upon the decision of the University Compliance Officer or his/her designee. In such event, the University Compliance Officer shall adopt a schedule setting forth the type of record and the length of retention based on specific case or compliance issue warranting record retention beyond the standard six (6) year period.

B. *Method of Retention:* Non-permanent records retained for periods greater than two (2) years, at the discretion of the University Compliance Officer, shall be retained in a format other than the original format, provided that such format allows for the accurate reproduction of the record. Records shall be retained a minimum of an additional four (4) years unless additional time is required as outlined in guideline A. above.

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- C. *Destruction Schedule:*** Records shall be uniformly destroyed in a manner determined by the University Compliance Officer upon the expiration of the retention period. However, prior to the destruction of any records, the University Compliance Officer shall institute a program of notification whereby the destruction schedule can be interrupted for cause by someone in a position of authority, including University Administration and/or other University Compliance Officials. *For cause* shall include, but is not limited to, service of legal process, notification from governmental agency, or request of the University Board of Trustees or legal counsel.

- D. *Privacy and Security:*** The University Compliance Officer, in conjunction with the University, shall take reasonable steps to assure that the records are secured and retained in private. Such steps shall include assurance that the document destruction procedure is equally secure. When implementing a protocol to maintain privacy and security, the University Compliance Officer shall assure that the protocol integrates steps to limit access to documents during the retention period to authorized individuals.

- E. *Communications:*** All ICO communications with federal, state, local, or other oversight agencies (e.g. Centers for Medicare & Medicaid Services (CMS), Kentucky Department for Medicaid Services, Louisville Metro Clerk’s Office, NCAA, etc.) shall be documented at the time of the communication. This documentation shall include:
 - 1. The date, time, and method of the communication;
 - i. The names and titles (if known) of the individuals engaged in the communication and the employee preparing this documentation;
 - ii. Detailed description of the advice received, including citations to regulations, authoritative letters (e.g. CMS Fiscal Intermediary provider letters), or other bulletins;
 - iii. Any other information conveyed by the federal, state, or local oversight agencies;
 - vi. The University Compliance Officer, at his/her discretion, will send confirmation letters to the federal, state, or local oversight agencies documenting or confirming the advice received; and copies of the confirmation letters shall be retained permanently in Institutional Compliance Office files.

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