

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
Office of Regulation and Policy Coordination

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	<p>This schedule supersedes Schedules 1837 and 1838.</p>	
1	<p><u>CLOSED REGULATIONS FILE</u> Correspondence, draft and final regulations, comments received and responses the <u>Maryland Register</u> clipping of proposals and finals, approvals from Assistant Attorneys General and the Secretary, etc.</p>	<p>Retain in office for two (2) years. Transfer to Records Center for two (2) years then destroy.</p>
2	<p><u>CLOSED BOARD OF REVIEW FILE</u> Correspondence, originals and/or copies of previous hearing records and exhibits, copy of Board Order, etc.</p>	<p>Retain in office for two (2) years. Transfer to Records Center for two (2) years then destroy.</p>
3	<p><u>BOARD OF REVIEW MINUTES</u> Minutes of the Board's meetings.</p>	<p>Retain permanently. Transfer periodically to State Archives.</p>

APPROVED BY: (DHMH Official) DATE: **MAR 19 2004**AUTHORIZED BY: (STATE ARCHIVES) DATE: **JUN 16 2004**SIGNATURE Michele Phinney
Michele Phinney, Director, ORPCSIGNATURE: Edward C. Papenfuse, Jr.
Edward C Papenfuse, Jr., State Archivist

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u> 1 </u> OF <u> 3 </u></p>
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board Office of Regulation and Policy Coordination</p>	<p>3. Division/Unit or Section Board of Review/Regulations</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title CLOSED REGULATIONS FILES</p>	<p>5. Earliest Year/Latest Year <u> 02 </u> to <u> 04 </u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Correspondence, draft and final regulations, comments received and responses, MD REGISTER clipping, approvals</p>		
<p>7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Film/Slides <input type="checkbox"/> Electronic: <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <u> x </u> <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) COMAR Numbering</p>	<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u> 5 </u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 5th floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Yes <input type="checkbox"/> No <input type="checkbox"/> Agency/ Format _____ DSD has finals</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format) 2 years in office, 2 years in storage. Destroy</p>	
<p>19. Name and Title of Preparer Tom Kravitz 410 767-5934 E-mail address: kravitz@dnhm.state.md.us</p>	<p>20. Location: 201 west Preston -5th Floor Telephone Number# _____ Room # _____</p>	<p>21. Date march 18, 2004</p>

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<p>1. Department/Agency</p> <p>DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board</p> <p>Office of Regulation and Policy Coordination</p>	<p>3. Division/Unit or Section</p> <p>Board of Review/Regulations</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title</p> <p>CLOSED Board of Review File</p>	<p>5. Earliest Year/Latest Year</p> <p><u> 02 </u> to <u> 04 </u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Correspondence, originals and/or copies of previous hearings and exhibits, copy of Board Order, etc</p>		
<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Microfiche</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> X <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) CASE NUMBER</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><u> 5 </u></p> <p>Number <input type="checkbox"/> Other (specify)</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s)</p> <p>Number <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 5th floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Agency/Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
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<p>19. Name and Title of Preparer</p> <p>Tom Kravitz 410 767-5934</p> <p>E-mail address: kravitz@dnhm.state.md.us</p>	<p>20. Location:</p> <p>201 west Preston -5th Floor</p> <p>Telephone Number# _____ Room # _____</p>	<p>21. Date</p> <p>march 18, 2004</p>

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<p>4. Record Series Title Board of review Minutes</p>				<p>5. Earliest Year/Latest Year __80__ to __04__</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Minutes of monthly Board meetings</p>					
<p>7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Tape <input type="checkbox"/> Microfiche <input type="checkbox"/> Rolls ___<input type="checkbox"/> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card ___x___ <input type="checkbox"/> Other (specify)_____</p>		<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify)</p>		<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) 1" fdr / yr <input type="checkbox"/> Computer Tape(s) Number X <input type="checkbox"/> Other (specify)</p>	
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