

## RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE  
OFFICE OF THE INSPECTOR GENERAL

Item	Series Title and Description of Records	Authorized Retention Period
1	<b>OIG General Subject Files</b> Includes information and materials on subjects of interest to the various units of the Office including mailings, brochures, news articles, print outs of web pages, correspondence, etc.	1. Screen information in files annually, discarding obsolete/superseded reference information that is no longer needed. Retain correspondence dealing with OIG program issues for four (4) years then, destroy if no longer needed.
2	<b>Corporate Compliance Case Files</b> Investigational documentation including an action log, case notes, correspondence, evidence, research, and miscellaneous documents that pertain to a specific case.	2. Retain cases in office for four (4) years after closing and until all audit requirements are met. Transfer closed files to the State Records Center for ten (10) years then destroy. Landmark cases are to be moved to the History File for permanent retention, with eventual transfer to the State Archives.
3	<b>Audit Division Files</b> a. Legislative Audits  b. Federal Audits c. Single Audits d. Internal Audits  e. Provider Audits  f. Special Audits  g. Quarterly Status Reports	3. a. Retain hard copy of audit report in office for four (4) years from the date of the report; transfer to records center for two (2) years, then destroy. Retain electronic copy of audit report in office for six (6) years, then erase. Retain audit correspondence in office for four (4) years then destroy. b. Retain in office for five (5) years then destroy. c. Retain in office for five (5) years then destroy. d. Retain hard copy of audit report in office for four (4) years from the date of the report; transfer to records center for two (2) years, then destroy. Retain electronic copy of audit report in office for six (6) years, then erase. Retain audit work papers in office for four (4) years then destroy. e. Retain electronic copy in office for five (5) years then destroy. f. Retain hard copy of audit report in office for four (4) years from the date of the report; transfer to records center for two (2) years, then destroy. Retain electronic copy of audit report in office for six (6) years, then erase. Retain audit correspondence in office for four (4) years then destroy g. Retain in office for three (3) years then destroy.

APPROVED BY: (DHMH Official) DATE: 3-15-05

SIGNATURE: 

NAME/TITLE: THOMAS RUSSELL, DHMH INSPECTOR GENERAL

AUTHORIZED BY: (Archives) DATE: JUN 02 2005

SIGNATURE: 

NAME/TITLE: EDWARD C PAPERFUSE, JR., STATE ARCHIVIST

## RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE  
OFFICE OF THE INSPECTOR GENERAL

Item	Series Title and Description of Records	Authorized Retention Period
4	Secondary Employment File Annual report required for DHMH employees, grade 18 and above.	4. Retain in office for five (5) years, then destroy.
5	Ethics Case Files-DHMH Employees	5. Retain closed files in office for five (5) years then destroy.
6	IRB Applications for Research File unapproved applications in annual folders. (Approved applications are included in the IRB Research Files).	6. Retain unapproved applications in office for four (4) years then destroy.
7	IRB Research Files Approved applications, research protocols containing information on the procedures, instruments, and details of individual research studies, Annual Review Notices, interim reports, final reports, etc.	7. Screen files upon completion of project; remove unneeded working papers, duplicate copies and interim materials. Retain research files for completed or terminated projects in office for three years after the close of the study then destroy. Retain one copy of the final report permanently, transfer periodically to the State Archives.

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.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 789-1379

DHMH RECORDS INVENTORY

PAGE 1 OF 1

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

OIG

3. Division/Unit or Section

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

OIG - General Files

5. Earliest Year/Latest Year

2001 to Present

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  
timesheets

7. Record Series Format(s) List all

Paper:  Letter Size  Legal Size  Rolls  Bound Book  Card  Other (specify) \_\_\_\_\_  
Film / tape:  Film/Slides (35mm, etc)  Microfilm/ Microfiche  Audio Tape  Video Tape  Other (specify) \_\_\_\_\_  
Electronic:  Kept on Hard Drive  Computer Tape  Floppy Disk  CD, DVD, etc

8. Record Series Sequence

Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_  
4  
Number

10. Annual Accumulation

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_  
Number

11. File is Used  Daily  Weekly  Monthly  Annually

12. File Becomes Inactive After \_\_\_\_\_  
Number  Month(s)  Year(s)

13. Current Location(s) (Bldg., Floor, Room)

300 W. Preston St. Room 402

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

Yes  No Agency/Format \_\_\_\_\_

15. Privacy / Access Restrictions  Yes  No

Personal  Medical  Proprietary  Classified  Other \_\_\_\_\_  
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements  None  Internal  OIG  
 Legislative  Federal  Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes  No \_\_\_\_\_

18. Recommended Retention: In Office And In Storage (Each Format)

19. Name and Title of Preparer

Cynthia Guarino

20. Location: 300 W. Preston St.

Telephone Number#

410-767-6566

Room # 402

21. Date

2-1-05

E-mail address:

<p><b>DHMH Instructions</b> -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) 789-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>1</u></p>
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	2. Office/Administration/Board <b>Office of the Inspector General</b>	3. Division/Unit or Section <b>Corporate Compliance</b>
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title <b>OIG Case Files</b>	5. Earliest Year/Latest Year <b>2001 to present</b>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>The OIG case files contain investigational documentation such as Action Log, case notes, correspondence, evidence, research and miscellaneous documents that pertain to a specific case.</b>		
7. Record Series Format(s) List all Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number <u>4</u> 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) <b>300 W. Preston, Room 402</b>	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____	
15. Privacy / Access Restrictions <input checked="" 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 <b>WIPAA Act of 1996</b> (If Yes, cite Law(s) & Regulation(s) <b>Executive Order 01.01.1994.06</b> <b>DHMH POLICY 01.03.01</b> )	16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	18. Recommended Retention: In Office And In Storage (Each Format) <b>weather proof Boxes/Cabinets</b>	
19. Name and Title of Preparer <b>Chante Birkhead</b> Training administrator E-mail address: <b>cbirkhead@dhmh.state.mds</b>	20. Location: <b>300 W. Preston St.</b> Telephone Number# <b>410-767-8949</b> Room # <b>402</b>	21. Date <b>2.1.05</b>

<p><b>DHMH Instructions</b> - 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><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board <i>Office of the Inspector General</i></p>		<p>3. Division/Unit or Section <i>Internal Audit Division</i></p>	
<p><b>DEFINITION - RECORD SERIES</b> - 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 <b>DHMH - INSPECTOR GENERAL AUDIT FILES</b></p>				<p>5. Earliest Year/Latest Year <b>1998 to 2003</b></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.) <b>FINAL REPORTS AND WORK PAPERS FOR VARIOUS AUDITS AND INVESTIGATIONS.</b></p>					
<p>7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Roils <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input checked="" type="checkbox"/> Other (specify) _____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc</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) _____</p>		<p>9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <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 _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____</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) &amp; 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 checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) <b>5 - years</b></p>		
<p>19. Name and Title of Preparer <b>Allan Dale</b></p> <p>E-mail address: _____</p>		<p>20. Location: <b>300 W. Preston St.</b> Telephone Number# <b>767-5784</b> Room # <b>402</b></p>		<p>21. Date <b>2-1-05</b></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.

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DHMH RECORDS INVENTORY

PAGE 1 OF 1

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

Office of the Inspector General

3. Division/Unit or Section

Ethics

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

DHMH- Ethics Files

5. Earliest Year/Latest Year

2000 to Present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Case files - DHMH employees - secondary employment files; financial disclosure general information; general files for the OIG

7. Record Series Format(s) List all

Paper:  Letter Size  Film / tape:  Film/Slides (35mm, etc)  Electronic:  Kept on Hard Drive  Legal Size  Microfilm/ Microfiche  Computer Tape  Rolls  Audio Tape  Floppy Disk  Bound Book  Video Tape  CD, DVD, etc  Card  Other (specify) \_\_\_\_\_

8. Record Series Sequence

Alphabetical  Numerical  Chronological  Geographical  Other (specify) \_\_\_\_\_

9. Volume

File Drawer(s)  Microfilm Reel(s)  Computer Tape(s)  Other (specify) \_\_\_\_\_  
3  
Number

10. Annual Accumulation

File Drawer(s)  Microfilm Reel(s)  Computer Tape(s)  Other (specify) \_\_\_\_\_  
Number

11. File is Used  Daily  Weekly  Monthly  Annually

12. File Becomes Inactive After \_\_\_\_\_  Month(s)  Year(s)  
Number

13. Current Location(s) (Bldg., Floor, Room)

300 W. Preston St. Room 402

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

Yes  No Agency/Format \_\_\_\_\_

15. Privacy / Access Restrictions  Yes  No

Personal  Medical  Proprietary  Classified  Other \_\_\_\_\_  
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements  None  Internal  OIG  
 Legislative  Federal  Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes  No \_\_\_\_\_

18. Recommended Retention: In Office And In Storage (Each Format)

19. Name and Title of Preparer

Cynthia Guarino

E-mail address: cguarino@dnhm.state.md.us

20. Location: 300 W. Preston Street

Telephone Number#

410-767-6566

Room # 402

21. Date

2-1-05

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.

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DHMH RECORDS INVENTORY

PAGE 1 OF 1

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

Office of the Inspector General

3. Division/Unit or Section

Institutional Review Board (IRB)

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

IRB protocols

5. Earliest Year/Latest Year

87 to Present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

The IRB protocols are research protocols reviewed by the IRB. These protocols contains information on the procedures, instruments and details pertaining to the individual research study.

7. Record Series Format(s) List all

Paper:  Letter Size  Film / tape:  Film/Slides (35mm, etc)  Electronic:  Kept on Hard Drive  
 Legal Size  Microfilm/ Microfiche  Computer Tape  
 Rolls  Audio Tape  Floppy Disk  
 Bound Book  Video Tape  CD,DVD,etc  
 Card  Other (specify) \_\_\_\_\_

8. Record Series Sequence

Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume

20  File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
Number  Other (specify) \_\_\_\_\_

10. Annual Accumulation

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
Number  Other (specify) \_\_\_\_\_

11. File is Used  Daily  Weekly  Monthly  Annually

12. File Becomes Inactive After 3  Month(s)  
Number.  Year(s) after the close of the study

13. Current Location(s) (Bldg., Floor, Room)

300 W. Preston St. Rm 402

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

Yes  No Agency/ Format \_\_\_\_\_

15. Privacy / Access Restrictions  Yes  No

Personal  Medical  Proprietary  Classified  Other \_\_\_\_\_  
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements  None  Internal  OIG  
 Legislative  Federal  Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes  No

18. Recommended Retention: In Office And In Storage (Each Format)

weather proof cabinets

19. Name and Title of Preparer

Gail Hutchman

E-mail address: hutchman@dnhm.state.md.us

20. Location: 300 W. Preston St. Rm 402

Telephone Number: 410 767-5445 Room # 402

21. Date