 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-G-83-P02
	Effective Date:	10-15-2021
	Document Type:	Policy
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	Department/Section:	Data Protection Office
	Document Title:	DISPOSAL OF CONFIDENTIAL DOCUMENTS

PURPOSE:

1. To provide the hospital employees, as data subject, with the basic understanding of their responsibilities of protecting and safeguarding the confidential documents of which they have access, control and in custody as a result of their employment.
2. To ensure the compliance of the hospital for the proper disposal of confidential documents as part of the security measure of the Data Privacy Act of 2012.
3. To establish a clear procedure in order that the hospital have a consistent confidential documents/records disposal practice across the institution.

LEVEL:

All concerned areas with sensitive personal information or confidential documents of data subjects


DEFINITION OF TERMS:

Confidential Documents- means any papers, blueprints, notebooks, and include all files, letters, memoranda, reports, records, computer disks, computer tapes, or other computer storage medium, data models or any photographic or other tangible materials or in other similar repositories containing confidential information

Data Privacy Act of 2012 (DPA) is the policy of the State to protect the fundamental human right of privacy of communication while ensuring free flow of information to promote innovation and growth

Data Subject refers to an individual whose personal, sensitive personal, or privileged information is processed

IRR refers to the Implementing Rules and Regulations of the Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012

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Privileged Information refers to all forms of data, which under the Rules of Court and other pertinent laws, constitute privileged communications.


Records Disposal is removing valueless records from existing files or storage areas and getting rid of them by shredding or other way of destroying them.

POLICY:


1. Personal data/information on a record/document shall be disposed of or discarded in a secure manner that would prevent further processing, unauthorized access, or disclosure as well as against any other unlawful processing to any other party or public, or prejudice the interests of the data subjects. (*Section 19.d.3 of the IRR*)
2. It is the organization's duty to make sure that record disposal is properly done in a way that the personal data/information should be unreadable (for paper) or irretrievable (for digital records).
3. In compliance with Rule XIII. Penalties in the IRR of DPA, Section 54 for the Improper Disposal of Personal Information and Sensitive Personal Information, to wit:

PENALTIES	IMPRISONMENT	FINE
<i>Personal Information</i>	6 months to 2 years	Php100,000.00 to Php500,000.00
<i>Sensitive Personal Information</i>	1 year to 3 years	Php100,000.00 to Php1,000,000.00

The following shall be imposed on persons who knowingly or negligently dispose, discard or abandon the confidential information about a data subject in an area accessible to the public or has otherwise placed in its container for trash collection.

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4. The hospital is adopting the following methods of document/record disposal to ensure that the confidential information is properly demolished:
 - 4.1 Act of manual shredding/tearing into smaller pieces
 - 4.2 Use of office shredders
 - 4.3 Use of scissors or punchers
 - 4.4 Use of water to dampen, soaked and destroy the material
 - 4.5 Contracting document destruction vendors for bulk disposal
5. Before disposal, each area must consider the retention period of the confidential documents/records based on policies and other regulating bodies such as the National Archives of the Philippines.
6. Types of confidential documents in the hospital: Documents of the patients (medical records/chart, diagnostic and laboratory results, etc.), employee information, office plans, contracts, guidelines and other internal documents (reports, logbooks, etc.).
7. All confidential documents should not be re-use as scratch paper but should be disposed or destroyed.

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DOCUMENTATION:

Revised Policy


DISSEMINATION:

Discussion during the Weekly Middle Management meeting and disseminated through the intranet bulletin
Policies and Procedures Manual



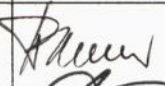

REFERENCE:


Implementing Rules and Regulations of Republic Act #10173, known as Data Privacy Act of 2012

National Archives of the Philippines Circular No. 1 and 2 GRDS 2009. (2009, January 20). Official Gazette. <https://nationalarchives.gov.ph/downloads/nap-circulars/>

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	EDNABELLE G. ESTRELLA Data Protection Officer		10/05/21
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/05/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/6/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		10/23/2021

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	Effective Date:	10-15-2021
	Document Type:	Standard Operating Procedure
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	Document Title:	DISPOSAL OF CONFIDENTIAL DOCUMENTS

PURPOSE:


To establish a clear procedure in order that the hospital have a consistent confidential documents/records disposal practice across the institution.

SCOPE:

Applies to all Data Protection Office staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Data Protection Officer, Concerned Heads/Supervisors, Staff/Representative, Warehouse Supervisor at Logistics Division, Building and Ground Supervisor at the

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PROCEDURE:


1. Confidential document/record disposal is properly done in two (2) ways: those that need immediate disposal and those that are stored temporarily and already beyond its retention period.

- 1.1. Immediate Mode of Disposal

- 1.1.1 Manual tearing/cutting into small pieces
- 1.1.2 Use of scissors or punchers
- 1.1.3 Soaked in water
- 1.1.4 Use of office shredders located in the different areas in the hospital:
 - Office of the President
 - Corporate Human Resources Division
 - Medical Records Section
 - Budget and Cost Section
 - General Accounting

- 1.2. One-Time Shredding (scheduled annually under a Document Destruction Vendor)

- 1.2.1 The concerned head/supervisor must facilitate the existence/presence of a secured container/box
- 1.2.2 Once full, the concerned head/supervisor must seal the container/box with tape
- 1.2.3 The concerned head/supervisor or any assigned staff must label the container/box with the area's name and the content's date period and description
- 1.2.4 The Data Protection Officer schedules a transport service from the Facilities Management for the temporary transfer of confidential documents/records on container/box for disposal to the temporary storage warehouse. If possible, every 3rd Monday of the month. This is to unclog the area for available space.


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2. The Data Protection Officer communicates with the Document Destruction Vendor for the pick-up date of the confidential documents/ records for disposal from the temporary storage facility, usually scheduled at the last quarter of the year.
3. The Data Protection Officer obtains from Logistics Division the gate pass in three (3) copies (guard, warehouse and vendor) for the transport of the confidential documents/records from the temporary storage warehouse to the vendor's shredding site.
4. The Data Protection Officer or any assigned representative must be present during the shredding period in the vendor's shredding site.
5. The Data Protection Officer prepares the shredding/destruction report with the destruction report together with the destruction certificate from the document destruction vendor. Attached pictures as evidence for documentation.
6. The President and Chief Executive Officer will sign the shredding/destruction report as part of the documentation, which is needed during the audit/security sweep of the National Privacy Commission (NPC) and other regulating bodies.

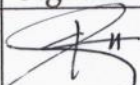

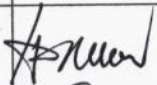

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APPROVAL:

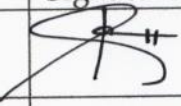

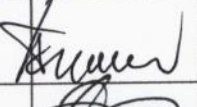

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Prepared by:	EDNABELLE G. ESTRELLA Data Protection Officer		10/05/21
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/05/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/06/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		3/8/22

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KEY TASKS	PERSON RESPONSIBLE
1. Gives out information for the temporary transfer of confidential documents/records for disposal from the hospital to the temporary storage warehouse.	Data Protection Officer
2. Makes the necessary consideration for the retention period of the confidential documents/records for disposal.	Concerned Heads/Supervisors
3. Labels the container/box with the area's name, the date period and the description of the documents/records in it.	Staff/Representative
4. Issues the guard pass in three (3) copies (for the guard, the warehouse and the vendor's copy).	Warehouse Supervisor
5. Approves the vehicle request form	Building and Ground Supervisor at the Facilities Management
6. Signs the document destruction report.	President and Chief Executive Officer
7. Facilitates the compliance of the Certificate of Destruction and Document Destruction Report	Data Protection Officer

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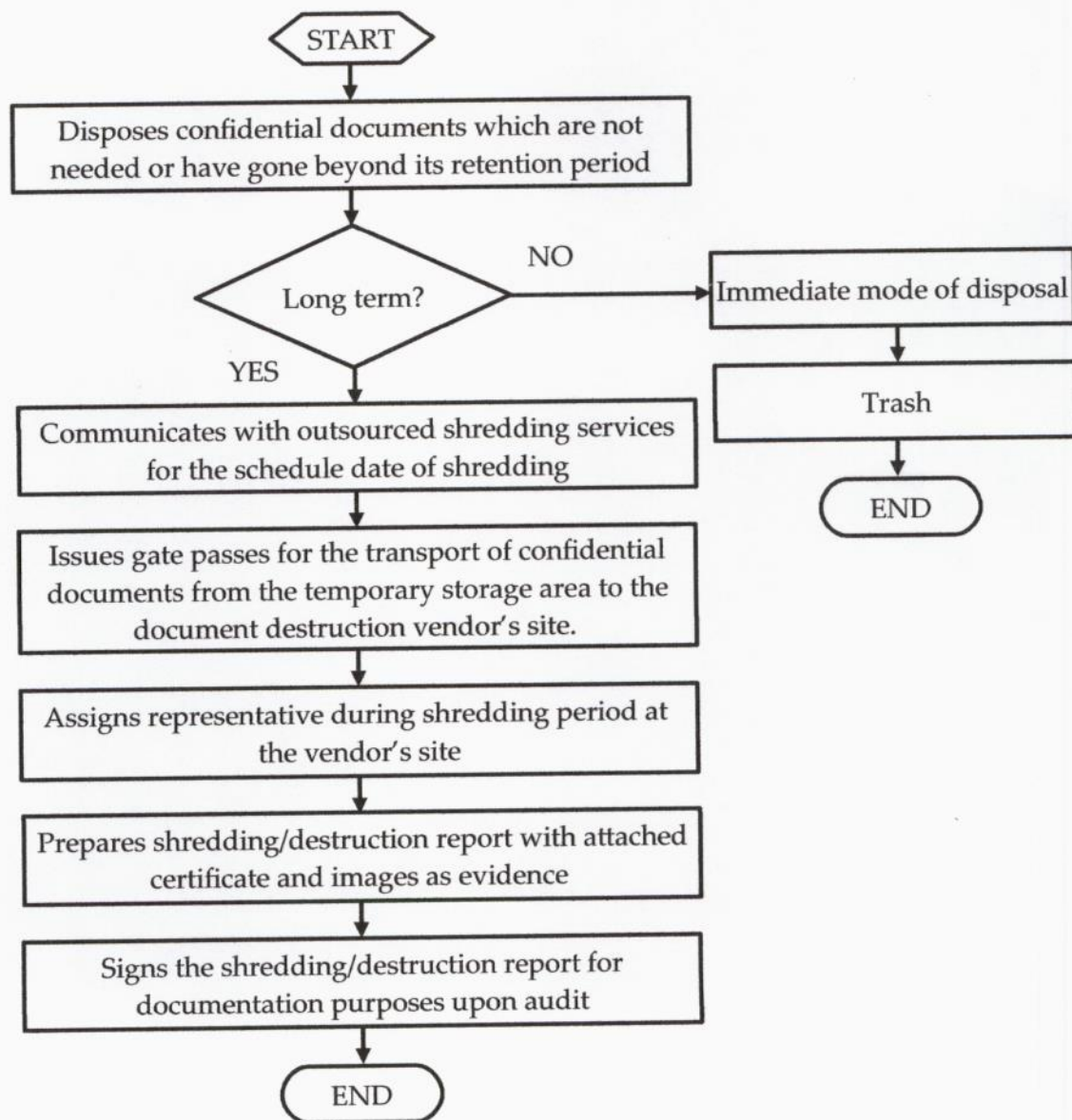



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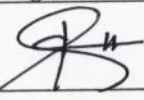

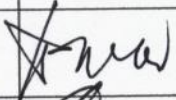
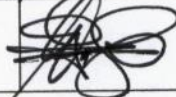
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FLOWCHART



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