DATA RETENTION & DESTRUCTION POLICY

Medical Case Consulting, LLC

1. Purpose

This policy establishes how Medical Case Consulting ("Company") retains, stores, and destroys Protected Health Information ("PHI") and related case materials received in the course of providing legal nurse consulting services. This policy operates alongside, and does not replace, the obligations set forth in the Company's Business Associate Agreements.

2. Scope

This policy applies to the Company's Owner/Operator, all contracted Registered Nurses and Nurse Practitioners, and any other individual who accesses PHI or case materials on the Company's behalf.

3. Retention Periods

- Active case files: Retained for the duration of the engagement, plus [SIX (6)] years following case closure, consistent with common HIPAA-adjacent recordkeeping practice, unless the referring firm or insurer instructs otherwise in writing or a longer period is required by an applicable statute of limitations or repose.
- Business and financial records (invoices, contracts, tax records): Retained for a minimum of seven (7) years, consistent with IRS record-keeping recommendations.
- Signed agreements (BAAs, engagement letters, independent contractor agreements): Retained for the duration of the relationship plus seven (7) years.
- If a referring firm or insurer requests earlier return or destruction of specific PHI, the Company will comply within [TEN (10)] business days, consistent with the applicable Business Associate Agreement.

4. Storage

- All PHI is stored exclusively within the Company's designated HIPAA-compliant secure portal (SmartVault) under an executed Business Associate Agreement with the vendor.
- PHI shall not be stored on personal devices, local hard drives, personal email accounts, or any storage location outside the designated secure portal.
- Access to case folders is restricted to the Owner/Operator and the specific contracted nurse(s) assigned to that case.

5. Destruction

- Electronic PHI is destroyed using the secure deletion functionality of the Company's designated storage vendor, rendering the data unrecoverable, at the end of the applicable retention period described in Section 3.
- Any physical documents received (e.g., printed records) are destroyed by cross-cut shredding immediately after the underlying electronic record is confirmed complete, and in no event later than [30] days after receipt.
- A destruction log is maintained noting the case reference, destruction date, and method, for internal recordkeeping purposes.
- A Certificate of Destruction will be provided to a referring firm or insurer upon written request.

6. Contractor Responsibilities

Each contracted nurse is responsible for deleting or returning all case materials in their possession upon completion of an assignment or termination of their independent contractor agreement, consistent with the confidentiality provisions of that agreement, and for confirming such deletion in writing to the Company upon request.

7. Breach or Incident Response

Any suspected loss, unauthorized access, or improper destruction of PHI shall be reported immediately to the Owner/Operator and handled in accordance with the breach notification provisions of the applicable Business Associate Agreement.

8. Policy Review

This policy shall be reviewed at least annually, and updated as needed to reflect changes in applicable law, vendor capabilities, or Company practice.