

RECORD RETENTION STORAGE FORM

This form must be used to identify boxed records being sent for document retention. The records will be prepared for storage using the information identified below.

1. Attach a copy of this form to each box of records subject to storage.
2. You must use a Northwest Kidney Centers approved file storage box Order storage boxes using the supply requisition system Microix.
3. Do not leave any fields on the form blank; blank fields will result in the storage box not being processed.

Pick-up Location:

Identify contents to be kept permanently or kept for a set retention period:

Kept Permanently

OR

Set Retention Period

Select a Record Destroy Date:

(See Record Retention, Management, and Destruction Policy IS-R25006)

Record Contents Date Range:

From:

To:

(Organize box contents in a date range; e.g., January 1, 2001 – December 31, 2001;
Keep like documents together)

Brief Description of Contents:

Special Instructions:

For questions or assistance with completing this form, contact the Health Information Management Department at x8711 or contact the Compliance Officer at x8806.