

Records Management & Retention Policy

1. Introduction

This Records Management & Retention Policy ("the Policy") establishes the standards and procedures for the creation, management, retention, and disposal of records within The Yorkshire ADHD Clinic ("the Clinic"). The policy has been developed to ensure compliance with all applicable UK legislation and regulations, including but not limited to the Data Protection Act 2018 (incorporating the UK General Data Protection Regulation [UK GDPR]), the National Health Service (NHS) records management guidance, and the Care Quality Commission (CQC) standards. As a sole practitioner, the Clinic's records management practices are designed to safeguard client confidentiality, enable efficient service delivery, and support the legal and ethical requirements of ADHD assessment services.

2. Scope

This Policy applies to all records created, received, or maintained by The Yorkshire ADHD Clinic in the course of providing ADHD assessment services. It covers records in all formats, including but not limited to electronic files, paper documents, audio/video recordings, assessment forms, correspondence, and any supporting information whether gathered through remote (online or telephone) or in-person consultations.

3. Legal and Regulatory Framework

The design and implementation of this Policy adhere to the following UK laws and guidance:

- Data Protection Act 2018 and UK GDPR – Ensuring the lawful, fair, and transparent processing of personal data.
- Freedom of Information Act 2000 – Where applicable, ensuring records management supports information requests.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Particularly in relation to safe care and treatment and good governance.
- CQC Key Lines of Enquiry (KLOE) – Demonstrating safe, effective, and well-led services.
- NHS Records Management Code of Practice – Providing guidance on retention, storage, and destruction of health records.
- Access to Health Records Act 1990 – Governing rights of access to health information.

- Common Law Duty of Confidentiality – Upholding the privacy of client information.

4. Types of Records Held

Records covered by this Policy include but are not limited to:

- Client personal details and contact information
- Consent forms for assessment and data processing
- Assessment notes and reports
- Correspondence with clients, referrers, and other healthcare professionals
- Invoices and payment records
- Clinical audit and quality assurance records
- Any other records necessary for the provision of ADHD assessment services

5. Creation and Capture of Records

All records must be:

- Accurate and Complete: Information should be recorded promptly, legibly, and truthfully.
- Timely: Records should be created as soon as practicable after each interaction or event.
- Identifiable: Each record must clearly identify the client, author, and date of entry.
- Secure: Whether physical or electronic, records must be captured and stored in a manner that prevents unauthorised access, loss, or alteration.

6. Storage and Security of Records

Physical Records:

- Paper records must be stored in a locked cabinet within a secure room at the practitioner's registered business address.
- When conducting in-person assessments at a client's home or mutually agreed space, any paper notes must be kept securely and transported in a lockable container or case.

Electronic Records:

- All electronic records are to be stored on password-protected devices with up-to-date antivirus and encryption software.
- Cloud storage (if used) must be compliant with UK GDPR and hosted within the UK or an approved territory offering adequate data protection.
- Access to electronic records is restricted to the practitioner only.

Remote Working:

- When working remotely, ensure no unauthorised person can view or access records (e.g., ensure laptop screens are not visible to others).
- Records should never be left unattended in public or insecure spaces.

7. Access and Confidentiality

- Only the practitioner is authorised to access client records, unless sharing is required by law or with explicit client consent.
- Information may be shared with other health or social care professionals only with written consent from the client or as required by law (for example, if there is a risk of harm).
- Clients have the right to access their records upon written request, in line with UK GDPR subject access request procedures. Requests must be responded to within one month.

8. Retention Periods

Retention of records must comply with statutory and regulatory requirements. The following retention periods apply unless superseded by future legislation:

- Adult client records: Retain for a minimum of 8 years after the last contact date (in accordance with NHS Records Management Code of Practice).
- Children's records: Retain until the client's 25th birthday, or 8 years after the last contact (whichever is longer).
- Financial records: Retain for a minimum of 6 years for tax and audit purposes.
- Consent forms: Retain alongside the related client record and for the same duration.
- Emails and correspondence: Retain as part of the client record.

A log of all records and their retention schedules must be maintained by the practitioner.

9. Disposal and Destruction of Records

When retention periods expire, records must be securely destroyed to protect confidentiality.

- Physical records: Shred using a cross-cut shredder or use a professional confidential waste service.
- Electronic records: Permanently delete from all devices and backup systems. Ensure files are irretrievable by using secure deletion software where appropriate.
- Disposal logs: Maintain a record of records disposed of, including date and method, for audit purposes.

10. Data Breaches and Incident Management

- In the event of a data breach (loss, theft, unauthorised access), the practitioner must assess the risk and, where required, report the incident to the Information Commissioner's Office (ICO) within 72 hours.
- Clients affected by a breach will be informed promptly in compliance with UK GDPR.
- All breaches, near-misses, and incidents must be documented for review and learning.

11. Training and Review

- The practitioner will maintain up-to-date knowledge of relevant legislation and best practice in records management and data protection, undertaking regular training as appropriate.
- This Policy will be reviewed annually or sooner if there are changes to UK law or guidance.

12. Responsibilities

- As a sole practitioner, the Clinic owner is responsible for ensuring compliance with this Policy.
- Duties include record creation, maintenance, security, access, retention, disposal, and responding to client requests.

13. Policy Implementation and Availability

- This Policy is effective from the date of adoption and applies to all records created henceforth.
- A copy of this Policy is available to clients upon request and published on the Clinic's website if applicable.

14. Contacts and Further Information

For questions or concerns relating to this Policy, or for exercising any rights under data protection laws, clients may contact:

- The Yorkshire ADHD Clinic
- info@theyorkshireadhdclinic.co.uk

Further guidance is available from the Information Commissioner's Office (ICO):
www.ico.org.uk



15. Review and Amendment

This Policy is subject to annual review or amendment as required to reflect changes in legal or regulatory requirements or best practice guidance. The date of the most recent review will be documented on the Policy.

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