



Policy & Procedures Manual

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INDEX

<u>SUBJECT</u>	<u>PAGE</u>
<i>Welcome New Customers</i>	
Your Account #	1
<i>Authorization List</i>	
Policy and Procedure	2
Sample Authorization Form	3
<i>Sending New Boxes</i>	
Policy and Procedure	4
Sample Transmittal Form	5
<i>Requesting Information</i>	
Policy and Procedure	6
Sample Retrieval Request Form	7
<i>Returning Boxes/Files</i>	
Policy, Procedure and Interfiling	8
Sample Refile/Interfile Form	9
<i>Destruction/Permanent Removal</i>	
Policy and Procedure	10
Sample Destruction/Permanent Removal Form	11
<i>Magnetic Media Rotation</i>	
Policy and Procedure	12
<i>Guidelines for Deliveries and Pick up</i>	
Scheduled Deliveries, Rush Deliveries, Emergency Deliveries, Pick ups	13
<i>Additional Services</i>	
Customer Service, Audit Rooms, Facsimile Transmission, Telephone Reference, Designated Shipments	14
<i>After Hours Access</i>	15

WELCOME NEW CUSTOMERS

Southeastern Records Management would like to thank you for choosing our company to service your records management needs. Our personnel, facilities and equipment exist solely to ensure all of your needs are met.

To ensure all orders are completed properly please include your account number and department number on **every** request sent to Southeastern Records Management.

YOUR ACCOUNT-DEPARTMENT NUMBER(S) ARE:

AUTHORIZATION LIST

POLICY

The authorization list provided by the customer enables SRM to provide the security necessary for offsite records storage. It is imperative that a current list be maintained and on file at the customer's location and at SRM. It is the customer's responsibility to inform SRM, in writing, of any changes in the personnel who are authorized to retrieve information.

PROCEDURE *(See Example Pg. 3)*

All customers of SRM must provide an authorization list. This list will consist of names and signatures of designated personnel who are authorized to request, retrieve and/or accept information being stored at SRM.

When there is a change in authorized personnel, the customer must notify SRM in writing. Such changes could be a result of promotion, leave of absence, termination of employment, vacation or an addition of a new employee.

When a customer needs to send an unauthorized person to SRM to either pick up or examine records, a letter of temporary authorization should be mailed/faxed to SRM prior to the person's arrival or presented by the person designated in the letter. The temporarily authorized person should also have picture identification. The temporary authorization must be on the customer's letterhead and signed by an authorized company representative.



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**EXAMPLE
 ACCESS AUTHORIZATION**

Date Completed 10/03/03		Date Received
Account Number 0200	Account Name Smith & Associates	Department Number 0100

FOR YOUR IMMEDIATE ACTION:

To insure that your information is safeguarded and your costs are controlled, it is essential that this "Access Authorization" be completed. We encourage you to review this form periodically and provide us with updates, as only these people will be authorized to request boxes or services.

1. Identify your company name, account and department number.
2. Print the name of each person you are allowing access to. We recommend having several people identified for backup in case of vacations or sickness. Also if you have multiple shifts include several personnel from other shifts if they will need access.
3. Have each person sign after their printed name in the appropriate column.
4. Please identify an authorized representative and secondary authorized representative. These are the only persons who can add or delete personnel from the list or authorize destruction.

Thank you for your prompt attention to this matter.

	Printed Name	Signature
1	Joe Smith	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
Authorized Representative	Title	Date
Secondary Authorized Representative	Title	Date

SENDING NEW CARTONS TO SRM

POLICY

In order to store information accurately, all cartons must be clearly marked with appropriate information. Records Transmittal Forms must be completed prior to cartons being picked up or delivered to SRM. Box numbers can be a maximum of eight (8) digits.

PROCEDURE *(See Example pg. 5)*

All new cartons being sent to SRM must be industry accepted, standard sized cartons. SRM has 1.2 cubic foot cartons (15"L x 10"H x 12"W) manufactured specifically for your needs and available for purchase.

Pack files facing the label side of the carton in ascending order (i.e., 1-10 or a-f). We cannot accept boxed not packed in ascending order.

Allow at least 3 inches of empty space in the carton after it is packed. Tightly packed cartons make it difficult to look for files and make interfiling impossible.

SRM will not be able to retrieve files out of boxes that are packed too tightly or out of order.

The following information is required to be written on the front of each box:

- Your Account-Department Number
- Filing Span (alpha/numeric)
- Description of contents
- Destruction date (if known)
- Box Number (if you use an in-house numbering system to track your boxes)

Please do not write any information on the top or the sides of the box; we will not be able to see any of that once it is on our shelving. (See next Page)

Transmittal forms must be completed by the customer for all new cartons sent to SRM. If you have been given pre-printed container labels, please place a label on each carton and include the carton/barcode number for every line on the transmittal sheet.

When transmittal sheets have been completed, please fax a request to SRM with the number of cartons requiring pick up. If there is any change in the volume or size of cartons, the customer should call SRM prior to the pick up date with the additional information.

The courier will verify the number of cartons with the transmittal sheets when picking up the cartons. Any discrepancies will be corrected at that time. The courier will date and sign the transmittal sheet and give the customer a copy.

When the courier delivers the cartons to SRM, The Facility Supervisor will verify the numbers of cartons with the customer's transmittal form. Any discrepancies discovered on this third check will be noted and the customer will be notified.

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EXAMPLE RECORDS TRANSMITTAL FORM

											PAGE NO.		
SRM ONLY	CUSTOMER CARTON # or FILE #	TITLE OF RECORDS	STARTING DATE			ENDING DATE			FILING SPAN (ALPHA-NUMERIC)	DESTROY DATE			
			Mo	Day	Yr	Mo	Day	Yr		Mo	Day	Yr	
	54879	Patient Records	01	01	00	12	31	00	Adams, Betty – Davis, John	12	31	2010	
	54880	Patient Records	01	01	00	12	31	00	Davis, Kevin – Ford, Harry	12	31	2010	
	54881	Patient Records	01	01	00	12	31	00	Griffin, Terry – Jackson, Barry	12	31	2010	
	54882	Patient Records	01	01	00	12	31	00	Sellers, Wanda – Williams, Ted	12	31	2010	
	54883	Patient Records	01	01	00	12	31	00	Williams, Victor – Zupko, Will	12	31	2010	
	54884	End of Month Files	02	01	03	02	28	03		02	28	2013	
	54885	End of Month Files	03	01	03	03	31	03		03	31	2013	
	54886	End of Month Files	04	01	03	04	30	03		04	30	2013	

CUSTOMER NAME: Medical Center		
ACCOUNT NUMBER: 0000	DEPARTMENT NAME: Records Dept.	DEPT. NUMBER: 0001

PREPARER'S SIGNATURE:	DATE:
DRIVER'S SIGNATURE:	DATE:
CUSTOMER'S SIGNATURE: X	DATE:

REQUESTING INFORMATION

POLICY

Standard Retrieval Requests*

Standard Retrieval Requests are those that are submitted a minimum of four (4) hours in advance of delivery time. Requests received after 1:00 p.m. for afternoon delivery or after 4:00 p.m. for next morning delivery will be treated as Stat retrievals.

Rush Retrieval and Delivery Requests*

Rush requests are those requested by the customer after 10:00 a.m., but before 1:00 p.m., for afternoon delivery or after 2:00 p.m., but before 4:00 p.m. for morning delivery.

*This schedule is for deliveries within Dougherty County only.

PROCEDURE *(See Example Pg. 7)*

When placing an order for a pick up, delivery or facsimile, the following information is required:

- Your Account-Department Number
- Name of the person requesting
- Request Date/Time (time you would like items delivered)
- Type of Service (Delivery, Fax or Hold for Pickup)
- Barcode/Box Number (cartons may be retrieved using the Box # you gave us when you initially sent the cartons to SRM or by the container/barcode number given to you by SRM)
- Name or File Number if applicable
- Necessary Descriptive Information to locate the item (description, year, span, doctor's name, etc.)
- Any special instructions

Please note:**

If there are refile folders or cartons that require pick up, please make it known to our operator to ensure this additional service will be included on the work order and our courier will be aware of the pickup. Appropriate forms must be filled out separately from the request form.

** See guidelines for Pick Up and Deliveries.



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EXAMPLE RETRIEVAL REQUEST FORM

PLEASE PRINT CLEARLY ALL INFORMATION

ACCOUNT NAME: J. Smith & Associates ACCOUNT-DEPT #: 0200/0100

AUTHORIZED BY: J. Smith REQUEST DATE/TIME: 10/13/03, 10am

ALL NON-STANDARD REQUESTS MUST BE FAXED AND CALLED INTO THE OFFICE!

BARCODE/ BOX #	FILE NAME OR NUMBER (& descriptive information to locate item)	<i>DELIVER/ FAX/ HOLD</i>
22689	Nellie Ford -- #23919 - 2000	Deliver
438	Wanda Washington -- #7836 - 1997	Deliver
2458	End Of Month Files - 02/2000	Deliver

RETURNING BOXES/FILES TO SRM

POLICY

When cartons and/or files are being returned to SRM, a REFILE form must be completed. This will ensure your valuable documents/items are being returned to their original containers. If there are refiles and interfiles to be sent at the same time, two separate forms must be filled out.

PROCEDURE (See Example Pg.9)

A REFILE form must contain a complete listing of cartons or files being returned to SRM. Once the REFILE forms are completed, fax a copy to SRM to arrange for a pick up.*

SRM's courier will verify the number of cartons and/or files shown on the REFILE form(s). He will then sign the REFILE form and leave a copy with the customer at the time of pick up.

The requested information on the refile form can be found on the bar code, which is affixed to every item retrieved from SRM. For every item being returned to SRM, whether file or carton, be sure to include the number located on the barcode in the appropriate column of the refile/ interfile form.

INTERFILING

Interfiles are items that belong in cartons already in storage at SRM, but were never included when the shipment was originally sent to SRM.

Keep interfiles completely separate from any other material being shipped to SRM. Package them separately or place them in a separate carton marked interfile.

To complete the interfile paperwork, circle the Interfile on a REFILE/ INTERFILE form. Locate the carton number of the container your file belongs in and record that in the carton number column.

* See guidelines for Pick Up & Deliveries.



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EXAMPLE REFILE / INTERFILE FORM

(Please circle Refile or Interfile as appropriate)

PLEASE LIST ALL BOXES AND FILES THAT ARE BEING RETURNED/REFILED TO SRM, INC.
 NEW INPUTS SHOULD NOT BE PLACED ON THIS FORM. YOUR ASSISTANCE IS APPRECIATED.

ACCOUNT #: 0555/0100		COMPANY/DEPARTMENT NAME:	
PAGE 1 OF 1		MEDICAL CENTER	
UNITS: 6			
SUBMITTED BY: JOHN DOE		ACCEPTED BY: JANE DOE	DATE: 04/05/2003

#	File #	Carton #	File Name or Number	Initial
1.	21587		Wanda Washington -- #13429 - 1998	
2.		48561	End Of Day Files - 02/2003	
3.	85147		Suzie Nelson -- #5920 - 2000	
4.	19725		Johnnie Colson -- #13029 - 1999	
5.		91039	End Of the Month Files - 04/2000	
6.		20912	Daily Transactions - 03/1999	
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Submitted By : _____

Accepted By : _____

DESTRUCTION/PERMANENT REMOVAL

POLICY

All items requested to be destroyed require a Destruction Authorization Form.

PROCEDURE (See Example Pg.11)

Our computer system automatically tracks retention schedules listed on the records transmittal form. Once a quarter, SRM lists all items scheduled for destruction. Should your company have any items on this list, SRM will require the following before these items are removed and destroyed.

SRM will send your company a complete list of all items scheduled for destruction.

This list must be returned to SRM with an AUTHORIZED SIGNATURE indicating the type of service requested: permanent removal; shredding; or recycling.

After the list is received by SRM, those items will be permanently removed from the system and destroyed.

A Certificate of Destruction, with a list of items destroyed, will be sent to your company after the items have been shredded.



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DESTRUCTION/PERMANENT REMOVAL FORM

ACCT #: 0200	ACCT NAME: Smith & Associates
---------------------	--

IN MY CAPACITY AS AN AGENT OF THIS COMPANY I AUTHORIZE SRM TO PERMANENTLY REMOVE, SHRED, THROW AWAY OR RECYCLE THE BOXES LISTED BELOW.

AUTHORIZED BY: Joe Smith	DATE: 10/03/03
--------------------------	----------------

	BOX NUMBER	DESCRIPTION	TYPE OF SERVICE		BOX NUMBER	DESCRIPTION	TYPE OF SERVICE
1	21446	Accounts Payable 1999	Shred	23			
2				24			
3				25			
4				26			
5				27			
6				28			
7				29			
8				30			
9				31			
10				32			
11				33			
12				34			
13				35			
14				36			
15				37			
16				38			
17				39			
18				40			
19				41			
20				42			
21				43			
22				44			

MAGNETIC MEDIA ROTATION

(i.e., tapes, cartridges, microfilm and other media)

POLICY

All magnetic media that is picked up at the customer's location should be accompanied with a listing of all items. All magnetic media will be transported in appropriate carrying cases. Customers who are scheduled for a daily, weekly or monthly rotation will provide a list of items and dates for pick up and/or delivery.

PROCEDURE

SRM provides cases that can be rented or purchased. Magnetic media will not be picked up if it is loose, or if it is not in an appropriate container (carrying case or low acid box). Microfiche must be secured in a large envelope or low acid box. The envelope and low acid box must be clearly marked with the customer's account number and carton number if appropriate. All cases owned by customers must be clearly marked with the customer's account number.

GUIDELINES FOR DELIVERIES AND PICK UPS

Southeastern Records Management, Inc. regular business hours are:
8 a.m. until 5 p.m. Monday through Friday (excluding Holidays).

In case of an emergency, your records are available 24 hours a day. See "After Hours Access."

SCHEDULED DELIVERIES:

Orders received by 10:00 a.m. will be delivered before 5:00 p.m. that same day. Orders received by 2:00 p.m. will be delivered before 10:00 a.m. the following day. Requests received after 1:00 p.m. for afternoon delivery or after 4:00 p.m. for next morning delivery will be treated as STAT retrievals.

RUSH DELIVERIES:

Rush requests are those requested by the customer after 10:00 a.m., but before 1:00 p.m., for afternoon delivery or after 2:00 p.m., but before 4:00 p.m. for morning delivery.

*This schedule is for deliveries within Dougherty County only.

EMERGENCY/AFTER-HOURS DELIVERIES:

This service is to be used after regular business hours. Emergency deliveries will be delivered within 2 hours of work order.

PICK UPS:

The guidelines for all pick up work orders are the same as deliveries listed above with the following exception:

When an order is placed for a delivery to a particular location or office and that location has items (cartons or files) to be picked up, SRM will not charge a pick up fee if:

1. Your office informs our service representative that you have items to be picked up and how many items, (cartons or files) are to be picked up.
2. There is enough space in our vehicle for the items to be picked up.

ADDITIONAL SERVICES

CUSTOMER SERVICE

Our customer service representatives are always ready to handle any questions or special requests. SRM knows, from experience, after you have signed a contract you still need regular assistance for your special needs.

SRM will send one of our representatives out to your facility to train new employees in offsite storage procedures. Just give us a call to set up an appointment at your convenience.

AUDIT ROOMS

Room is available for your employees or auditors to view documents for special projects.

FACSIMILE TRANSMISSION

Facsimile transmission of your document is available.

TELEPHONE REFERENCE

A special service if you need immediate information read to you over the telephone.

DESIGNATED SHIPMENTS

Items may be shipped to offices other than the normal delivery address, just specify the change when placing your work order. (Refer to Authorization procedure)

AFTER-HOURS ACCESS

Access to your information is available 24 hours a day, 7 days a week, including deliveries after hours, on weekends, and holidays.

Simply call our main office number at any time and your call will be redirected to our on-call representative. Any messages left on our voicemail system will immediately page an SRM employee.

Should you need to contact any SRM employee, at any time, please use the contact numbers below:

Albany Office: 229-889-8926

Valdosta Office: 229-241-8895