

## **AP 2-113 – DESTRUCTION OF HEALTH INFORMATION FORM**

## WESTERN SCHOOL DIVISION

Student Name: \_\_\_

## **DESTRUCTION OF HEALTH INFORMATION FORM**

In accordance with AP 2-112 where Personal Health Information is involved, the school division must keep a record of:

- 1. The individual whose personal health information is destroyed and the time period to which the information related; and
- ${\bf 2.}\ The\ method\ of\ destruction\ and\ the\ person\ responsible\ for\ supervising\ the\ destruction.$

METY Number:				
Personal Health Information Description	Date material introduced to file	Date material removed and destroyed	Method of Destruction	Name and Signature

Revised: December 8, 2008